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ABSTRACT

The Pennsylvania Department of Education, through Project CONNECT, conducted a pilot study of individual educational programs (IEPs) for preschool handicapped students at 29 intermediate units. A total of 1633 IEPs were coded and tabulated. Among findings were the following: there was a high degree of parent involvement in the IEP planning process; the large number of non-required personnel signing indicated a high level of interest in the IEP plan by all professionals involved with children in the study; the number of planning hours spent in collecting data and developing the IEP gave some indication that the process is a relatively expensive procedure; it was evident that about half the children were receiving only one service; and the curricular area most often reporting scores only was the cognitive area. (Included are tables with statistical data, a report on the IEP sample, a report on the planning time, a report on the resource needs survey, and a report on the IEP satisfaction survey.) (SBH)

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PENNSYLVANIA'S PRESCHOOL PILOT INDIVIDUALIZED EDUCATIONAL PROGRAM

AMERICAN EDUCATIONAL RESEARCH ASSOCIATION
1978 Annual Meeting
Toronto, Ontario

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BACKGROUND

In April, 1976, the Pennsylvania Department of Education (PDE), through Project CONNECT*, planned a pilot study of Individual Educational Programs (IEPs). Preschool programs funded through Public Law 94-142 were chosen for the pilot study for two reasons: (1) Each of the 29 Intermediate Units in Pennsylvania was currently providing programs and services for preschool handicapped children and (2) An agency (Project CONNECT) was available for providing technical assistance, consultation and training to each of the programs. It was believed that the preschool population, although much smaller, paralleled the school-age population so that the pilot could be useful in determining direction in the development of IEPs for the school-aged population in September of 1977. The study would also allow the Department of Education to evaluate Project CONNECT as a mechanism for providing technical assistance.

The development and implementation of IEPs were incorporated into the Local Educational Agency (LEA) Program Plans submitted to PDE for approval and funding. Each LEA assured that IEPs would be completed for all preschool handicapped children served by January 31, 1977. This assurance was continued through the remainder of the school year for children added to programs.

The description of the IEP in the LEA program plan was taken verbatim from P.L. 94-142. Project CONNECT developed an IEP format and presented an inservice training program on IEP development for LEA administrative staff during July of 1976.

Part of the development of the IEP format by CONNECT included actual planning of IEPs for several handicapped preschool children. Guidelines and

*Project CONNECT is a federally funded project designed to assist the Pennsylvania Department of Education with the implementation of its state plan

directions were drafted and distributed to LEA personnel at the July inservice and via mail for comment and suggestions. Changes were made based on feedback from LEA personnel. Final formats and guidelines[1] were distributed throughout the early fall.

The format for writing IEPs was divided into two major parts, a required PDE form (DEBE 2235) and a Program Plan format. The PDE form was two-sided with the front side of the form containing the assurance section, which was used to document the participation and approval of the parents, implementors, and I.U. representatives who planned the IEPs. The second side of the form was designed to include demographic information, documentation of who planned and how time time each individual spent in planning the IEP, and a summary of the programs and services to be provided for the child. The summary included the locations of the programs, when the program would begin and end, the number of contact hours per week, the extent to which the child would be in a normalized environment, the person(s) responsible for implementation, and the planned dates for the revision of the instructional objectives.

The second part of the IEP format was referred to as the "Program Plan." Each LEA was required to list by curricular area the child's present levels of educational performance, the annual goals, and the short term instructional objectives to be included in the child's program. Criteria for writing objectives were specified, i.e., Magar's definition with specific time frames included. Utilizing a holistic approach, five curricular areas were suggested based on a study of available preschool curricula. These are: Communication, Motor, Self-Help, Socialization, and Cognition.

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[1]Pennsylvania's Preschool Pilot Individualized Educational Program: Guidelines for the Development of IEPs for Preschool Handicapped Children (CONNECT, 1976). Herafter this document will be referred to simply as the guidelines.

One aspect of CONNECT's overall plan included four site visits to determine needs and provide technical assistance, consultation, and training to personnel in each program. The first visit (a needs assessment) was begun in August, 1976, and completed by the end of September. During this visit needs were documented and feedback regarding programs and services was given. As a result of the summer inservice and the initial visit, twenty-one of the twenty-nine programs requested and received at least one inservice training session during the period from August 13 through December 15, 1976.

During the second site visit, scheduled between November 1 and December 15, 1976, CONNECT staff were provided with at least one completed IEP in each program. CONNECT provided technical assistance at that time to the program staff by making suggestions about the completed IEPs. Exemplary aspects were pointed out and specific IEPs were identified as models within the programs. Feedback was provided verbally and letters summarizing findings of the visit were sent to the program person responsible for IEP development. Records were kept on the number of IEPs completed and the relative quality of the program plans, including information about the quality of objectives as determined by criteria specified in the Guidelines.

A statewide inservice for administartive staff was held in January of 1977 to address specific IEP problems; to introduce an alternative itinerant form; to display curricular resources and to present draft formats and Guidelines for updating and reviewing IEPs.

A third site visit was scheduled between February 4 and March 7, 1977, to collect IEP data. A data collection form was designed which allowed CONNECT staff to record all data found on each IEP (except personally identifiable data). A Resource Needs Survey was also distributed in each program to a randomly selected group of parents, implementors, and I.U.

representatives who had participated in the planning of three different IEPs. A summary of this survey is attached to this report. Additionally, ten IEPs were randomly selected for qualitative analysis of the Program Plan pages. An analysis of the data collected from the Program Plan pages is attached. IEP data were stored on computer tape and analysis of the data was completed by CONNECT staff using Statistical Packages for Social Sciences.

A fourth site visit was scheduled from May 5 through June 30, 1977, to ascertain the progress made in reviewing and updating IEPs; to continue data collection; to choose an IEP from each program for distribution to all programs. These sample IEPs are compiled in the CONNECT publication, Sample IEPs: EHA-B Preschool Programs in Pennsylvania (1977).

An IEP satisfaction survey was also disseminated to all program personnel during the fourth site visit. This survey was designed to elicit feedback from people in the field regarding changes they perceived necessary in the IEP process for the 1977-78 program year. A summary of this survey is attached to this report.

CONNECT provided inservice training programs for local programs throughout the third and fourth site visits. The CONNECT staff also met with a number of teachers in each program to discuss the IEP process, problems encountered, and the use of the forms and formats provided by CONNECT, as well as the implementation procedures of the local programs.

DATA COLLECTION PROCEDURES

Two teams of two people each began to gather data in each program on February 4, 1977, and continued through March 4, 1977[2]. Three programs had a sufficient number of IEPs to require return visits. Very little interpretation of data on the IEPs was made in the field. Codes were designated following the data collection so that exactly what was written on the IEP was copied by the data collection personnel in the field. The IEPs were coded and verified by two staff members. The data were keypunched by a consultant and were transferred to computer tape. The analysis was completed by a CONNECT staff member using the computer facilities of the Pennsylvania State University. The data runs were descriptive in nature, involving frequency distributions, means, medians, and modes. A number of runs were made using cross tabulations in order to determine trends in the data. A state file (combining all data) and 29 program subfiles were created so that analysis of the data would be reported by individual program reports as well as by a statewide report.

DATA REPORT

A total of 1633 IEPs were coded and tabulated[3]. Every program had some IEPs completed for data collection. The range of IEPs per program was from five to 167. Fifteen programs had fewer than 50 IEPs. Of these 15, one had 17 IEPs and the rest had 20 or more. Ten programs had between 50 and 99 IEPs. Four programs had 100 or more IEPs.

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[2]Due to administrative difficulties, CONNECT had to return to one program on March 21 to complete the data collection.

[3]Eight hundred additional IEPs were coded and will be tabulated for a later final report.

Of the IEPs reported, 992 (60.7%) were completed for male children and 641 (39.3%) were completed for females. The ages ranged from below one year to older than seven years. There were 27 children in the 1-12 month range, 64 children in the 13-24 month range, 142 children in the 25-36 month range, 397 children in the 37-48 month range, 676 children in the 49-60 month range, 288 children in the 61-72 month range, 25 children in the range exceeding 73 months. There were 14 children whose ages could not be determined due to missing data or errors in data recording.

The following table shows the age by sex breakdown and includes the 14 children with missing ages recorded as zeroes.

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INSERT TABLE 1 ABOUT HERE.

- -

The section on the required assurance form where implementors and I.U. representatives were instructed to initial the aspects of the IEP which they worked on is represented in the table that follows:

- -

INSERT TABLE 2 ABOUT HERE.

- -

The number of people who signed IEPs is represented in the table that follows. Seventy-eight percent of all parents signed, 85% of the teachers signed, 5% of the I.U. representatives signed. In 50% of the cases an additional person signed, and in 23.9% of the cases a fifth person signed. Seventy-two point five percent had all three key signers (i.e., parent, teacher, I.U. representative).

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INSERT TABLE 3 ABOUT HERE.

- -

Roles of the ten most frequent signers, other than the three key signers, are listed in the table below.

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INSERT TABLE 4 ABOUT HERE.

- -

The current date, which is found at the top of the second side of the assurance page, was to have been the date on which the last of the three key planners signed. There were 492 current date blanks completed correctly; 773 completely incorrectly, and 368 with no date entered.

In the area of IEP planners, 65.6% of the IEPs had a parent planner listed. The following table indicates the range and number of planners representing the child's interest.

- -

INSERT TABLE 5 ABOUT HERE.

- -

The implementor was represented as a planner 83.7% of the time or on 1398 IEPs. This figure may be depressed because of the way some programs reported, e.g., education specialists in a diagnostic program may not have signed as the implementors, although they may have been the primary planner. The I.U. representative was reported as a planner in 77.13% of the cases or on 1258 IEPs. The roles of persons who were listed as I.U. representative planners are found in the table below:

- -

INSERT TABLE 6 ABOUT HERE.

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There were 2263 other planners listed*. The fifteen most frequently reported planners' roles are listed in the table below:

- - - -

The program/services recommended have also been analyzed by the number of services offered and the mean number of contact hours per service offered. The number of program/services recommended range from one to seven. The following table indicates the services offered, the mean contact hours, the number of children receiving the service, and the standard deviation.

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the frequency of schedules chosen for objective revisions.

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INSERT TABLE 14 ABOUT HERE.

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The Program Plan which was attached to the required assurance and program summary form included the levels of functioning, the goals, and objectives. In the analysis, each goal area was placed into one of the five predetermined curricular areas, i.e., Communication, Motor, Self-Help, Socialization, and Cognition. Because of this, it appears that levels were determined for only the five curricular areas, whereas in actual practice the levels were attached to the curricular areas as specified by the IEP planners, but the areas were by and large synonymous to the areas chosen for statewide inservice.

Present levels were classified into one of three categories: (1) Narrative, in which behavioral statements about the child were reported; (2) Score, in which only a score, developmental age or age/month functioning level were given; (3) Both narrative and score, in which both a narrative statement and a score or age/month functioning level were given. Within the data, a specific child was found to have one set of levels per curricular area and for that reason it can be assumed that the number of children with levels is close to the actual number of children receiving programming in a curricular area. The following table represents the numbers of levels which appear as narrative, score, or as narrative and score per curricular area.

- -

INSERT TABLE 15 ABOUT HERE.

- -

*This holds true for every area but cognition. There are more cognition levels because one program, with over 150 IEPs, had five curricular areas, all of which were considered to be cognitive.

In reporting goals and objectives, the number of goals is almost double the number of children within each curricular area; this is becasue, in most instances, there are two goal areas reported for each curricular area. Additionally, the larger number of goals and objectives than number of children reflects the fact that many children had multiple goals and objectives per curricular and set goal area.

In the following table, "n" refers to the number of children having goals and/or objectives in the various curricular areas. The mean number of goals and objectives refers to the number of goals and objectives per child by curricular area. This varies slightly as some children received goals but no objectives and vice versa.

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criteria for inclusion of three key signers and some total planning time for the three key planners. The following seven tables represents those results.

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DISCUSSION

The pilot study has provided the Pennsylvania Department of Education with a great deal of data concerning the IEP process in preschool programs. The number of IEPs (1633) completed by the initial data collection deadline indicates the kind of positive response that can be expected in a short period of time. This secion will report a number of interesting trends regarding IEPs in the preschool program. Needs for further analysis of the data will also be delineated in this section.

It is interesting to note that in this study boys outnumber girls by only 20%. The preschool programs have a much higher ratio of girls to boys than is generally found in special education in the schoolage population. The majority of children in the study were in the 3-5 year age range. This is in keeping with the preschool priority of serving children closest to schoolage. There were however a large number of children who were of schoolage. This trend needs to be studied in that schoolage children have a right to an education in the schoolage programs as specified in the state board regulations. There are a sufficient number of children at or near schoolage to warrant a great deal of communication between preschool and schoolage programs, particularly during the spring of the year. It would be interesting and useful to study whether the preschool IEP is a helpful document for the schoolage receiving teacher.

There was a high degree of parent involvement in the IEP planning process, as can be noted by the number of parents who initialed the various aspects of IEP participation sections a-e. Parents indicated by their initials that they were most frequently involved in determining the levels, the goals and objectives, and duration of programs. Teachers indicated most frequent involvement in determining goals and objectives while I.U. representatives

indicated a higher degree of involvement in determining education services and the extent to which those services would be offered in a normalized environment. These tendencies reinforce our belief that parents and teachers are more oriented toward content of program while administrators may tend to be more interested in the delivery systems.

The number of parents who signed IEPs indicates the difficulty that can be expected in setting up meetings and getting parents to take part in the IEP planning process. It is expected with the full implementation of P.L. 94-142 that more parents will be actively involved in future years, however, 78% is a high figure for the pilot year. The fact that 92% of the IEPs with parent signatures had all three signatures leads one to conclude that I.U.'s are more careful in handling IEPs that have parent involvement.

The large number of non-required personnel signing (50% had 4 signers, 23.9% had 5 signers) indicates a high level of interest in the IEP Plan by all professionals involved with the children in the study. Additionally, these data indicate that the programs are involving other agencies in the development of plans for their children as can be seen by the large numbers of social workers, physical therapists, occupational therapists, and other signers who are typically not employed by I.U.'s.

One aspect of the IEP which was apparently not well explained was the current IEP date. During the last year, the current IEP date was to have been determined by the date of the meeting of the key signers. It was specified in the Guidelines and inservice presentations that if no meeting was held, the current IEP date should be considered to be the date of the last key person signing. The low number of correct current IEP dates in the data indicates that in many instances, these tripartite meetings may not have been held. The cases where the current IEP date was correctly filled in tended

to occur because all three key persons signed at one meeting, leaving no leeway for interpretation of the current date. The directions for the 1977 school year have been changed to account for those IEPs in which active parent involvement in the form of a key meeting cannot be elicited. The current IEP date was redefined to start 30 days from verification if parents do not sign or 30 days from start of program in cases where verification occurs during the summer and parents do not sign.

In the IEP planning section the decrease in the number of parents listed is somewhat surprising considering the number of parents who indicated by their initials that they had helped to plan the various aspects of the IEP. The implementor and I.U. representative also are listed less frequently in the planning aspect of the IEP than in the initialing phase of the IEP. The implementor figure may be depressed significantly due to the data collection procedures, i.e., some people who planned the IEP were not implementors and consequently did not sign the IEP. For this reason, they may have been included in the category of "other IEP planners" rather than in the implementor category.

The "other" category of IEP planner is the largest category listed. This suggests that the IEP is an individually designed plan with a variety of types of planners participating. As with signers, there were a number of planners listed who were agency participants which again suggests a tendency toward interagency and interdisciplinary cooperation in the programs.

The number of planning hours spent in collecting data and developing the IEP gives some indication that the process is a relatively expensive procedure. The large differences that occur in planning time among the various programs tends to discount the use of the data for statewide planning. The variance is so great that the mean is not a good statistical indicator while the median on the other hand appears to be low estimate of the time involved. The data is more

meaningful when looked at in a program by program fashion. Separate reports have been developed and provided for each program. A copy of the planning time report sent to local programs is attached to this report.

The time spent in data collection generally outweighes the time spent in development. This was particularly true among other planners and implementors and less true among parents and IEP representatives.

When the IEP planning time was analyzed using the criteria of three key signers with some total planning time for each of the three key planners, the number of cases drops from 1633 to 700. The data collection and IEP development time listed increase dramatically when these criteria are introduced. The hours spent in data collection continue to heavily outweigh the IEP development hours. It appears that IEPs which are procedurally correct, i.e., meet the specific criteria mentioned above, take more time to plan than the others.

The programs/services recommended included 73 types of program alternatives. This large number of alternatives hints at future problems that EHA-B programs may have monitoring IEPs since there are so many children receiving program/services in such a large variety of programs other than those administered by the I.U.

In analyzing the number of programs/services recommended for children by the contact hours per program/service, it is evident that about half of the children are receiving only one service. There are three explanantions for this: (1) Many programs provide speech or homebound instruction for large numbers of mildly impaired children; (2) In rural areas, there are few programs/services available; and, (3) I.U. programs are funded at a low level so that the I.U. provides only one basic program and is not able to provide a range of services.

The program/service data, when analyzed, using the selective criteria

of three key signers and three key planners with some total planning time again reinforces the concept of those procedurally correct IEP being more complete. When compared to all the data, procedurally correct IEPs are found in only 37% of the cases for children receiving one service. For children receiving two services, 67.5% of the IEPs were procedurally correct; three services, 78.6% were procedurally correct. For four through seven services, the percent of procedurally correct IEPs were;four services, 62.5%, five services, 79%, six services, 90%, seven services, 83%. Although the number of children receiving services drops off beyond three services, these figures are extremely interesting. It appears that a relationship exists between procedurally correct IEPs and the number of program/services offered. Those children whose IEP is procedurally correct are likely to have more program/services and more contact hours recommended than those who IEP is not procedurally correct.

The extent to which the environment is normalized indicates that a majority of children are being served individually or in center-based programs for only handicapped children. This makes sense since the programs operated by the I.U.s cannot serve non-handicapped children. There are a number of children who are being served in an integrated setting. In light of P.L. 94-142 programs will move toward greater utilization of intgrated settings in the future.

The instructional revision schedule reveals no concensus regarding how often objectives were to be revised. This aspect of the program sheet was the least filled out part of the Program Plan: There are two possible explanations for this: (1) The IEP was written for an agency and did not contain teacher level information. (2) The guidelines written by CONNECT and the Inservices presented did not adequately explain this aspect of the

program/services. Changes were made in the definition of the evaluative process for this program year based on the problems encountered in this area during the pilot.

The curricular components (Program Plan pages) of the IEP are certainly the most relevant in terms of program implementation. The use of the narrative and the narrative plus score for indicating present levels, suggests that the IEPs were designed in a manner such that they would be understood by parents. It also indicates the human aspect of I.U. programs in that they treat the child as a person rather than as a STATISTIC. The number of scores only, would indicate that some of the professionals in the field are not writing IEPs in a manner than can be understood by parents. This would appear to indicate an inservice training need.

The curricular area most often reporting scores only is the cognitive area. It would appear from the data that this area is most difficult to describe in narrative terms. All other curricular areas have more narratives and narratives plus scores. This may be true for two reasons: (1) There are more formal measures available in the area of cognition and because they are standardized, it is easy to give results in terms of a standard score; (2) Cognitive programs using commercially available curriculum come with behavioral criteria referenced statements in scale forms, (i.e., the child's level is deduced as the scale is administered and the point prior to failure becomes the statement of present level). There are other factors which effect this tendency including the fact that the other areas are much easier to define in operational terms particularly self-help and motor skills.

More present levels were determined in the communication and cognition areas because a large number of programs serve speech language impaired children. The number of goals and objectives is also higher in the communication

area for this reason. The mean number of objectives per child is highest in the area of cogniton. It may be assumed that many preschool programs emphasize the cognitive domain.

When curricular aspects are analyzed by number of services, an apparent relationship is indicated between the number of program/services offered and the number of curricular areas in which a child receives programming. For example, only 36% of the children receiving one service have self-help levels. It appears that the larger number of program/services received the more comprehensive the child's program in terms of goals and objectives. The same tendency exists for motor skills and socialization skills. The one I.U. with a cognitive curriculum caused the figures relating to cognitive skills to be much higher than anticipated. The mean number of objectives per goal also appears to rise as the number of program/services offered increases beyond one.

The analysis of curricular areas by number of services recommended for IEPs in general using the procedurally correct selection criteria of three key signers and some planning time for the three key planners, indicates that the selected IEPs have more objectives per goal areas and also have a higher percentage of objectives that might normally be exptected. The 700 IEPs from the selected group represent 43% of the IEPs completed while they contained 58% of the total number of objectives. In addition to having the larger percent of the objectives, they tended to have higher percentages as the number of program/services increased. This information again supports the concept that procedurally correct IEPs tend to be more complete.

The data leads to the conclusion that IEPs that are procedurally correct, that is, those which include three key signers and three key planners, each with some planning time tend to be of higher quality. They tend to

have more planning and development time; they tend to have more programs/ services recommended and they tend to have more curricular areas with more objectives per child.

CONCLUSIONS AND LIMITATIONS

The IEP process as established in Pennsylvania's 29 preschool programs proved to be a viable method. A lot of planning went into the process and a great deal of technical assistance was made available to the local programs through Project CONNECT. The local programs were able to effectively get their personnel to participate in planning and developing large numbers of high quality IEPs.

In this study it was found that the IEPs which were procedurally correct tended to take more time to write, offered more programs and services per child and included more curricular areas with larger numbers of objectives per child. This trend needs to be studied in depth to ascertain if the trend is real or whether it is an artifact of the pilot.

One possible explanation for this trend is that when preschool programs involve parents they are more careful and consequently provide higher quality IEPs and program/services. It is also possible that the subset of students with procedurally correct IEPs are more severely handicapped and that because of this their parents are more involved. If this is the case, the quality of IEPs and program/services may be more related to the severity of the child's handicaps. It is also possible that some other variable is effecting the IEPs and program/services offered, or that interactions are occuring among the variables mentioned and the quality of program. Regardless, the trend exists and certainly should be studied using more rigorous techniques as basic research designs would allow.

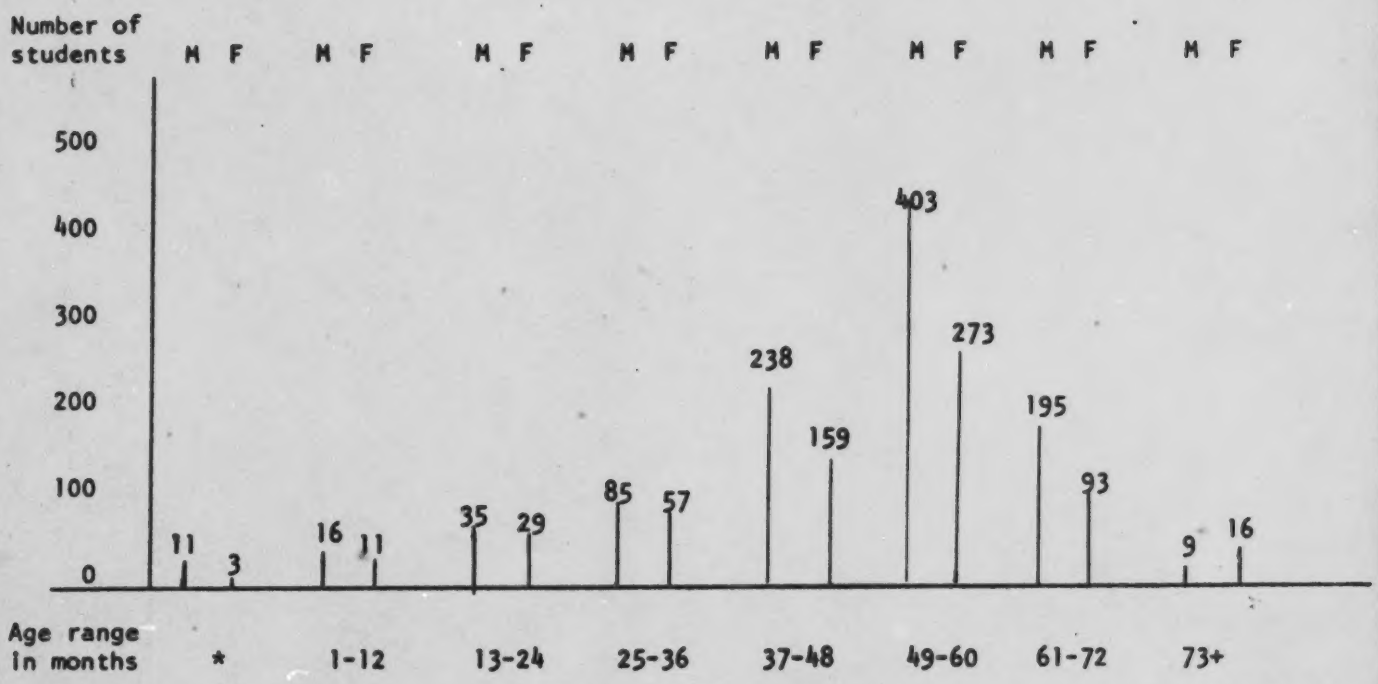
This study is limited to observing the written IEP. There is a need to study the implementation of these plans to see if the measures of quality are carried through. Project CONNECT is presently doing a follow up on this aspect. An evaluation of the implementation process is presently

underway. Another aspect that needs to studied is the long-range effect of preschool programs including the use of the IEP. Local programs are presently working on studies in this area as is Project CONNECT.

The State of Pennsylvania has had an opportunity to use the data from the pilot study as has CONNECT and the local programs. Major planned changes in programs have come about because of the pilot and it is believed that the IEP process and technical assistance delivery system have been refined into more useful mechanisms. The pilot is presently in its second year and it is anticipated that it will be carried on in future years.

TABLE 1

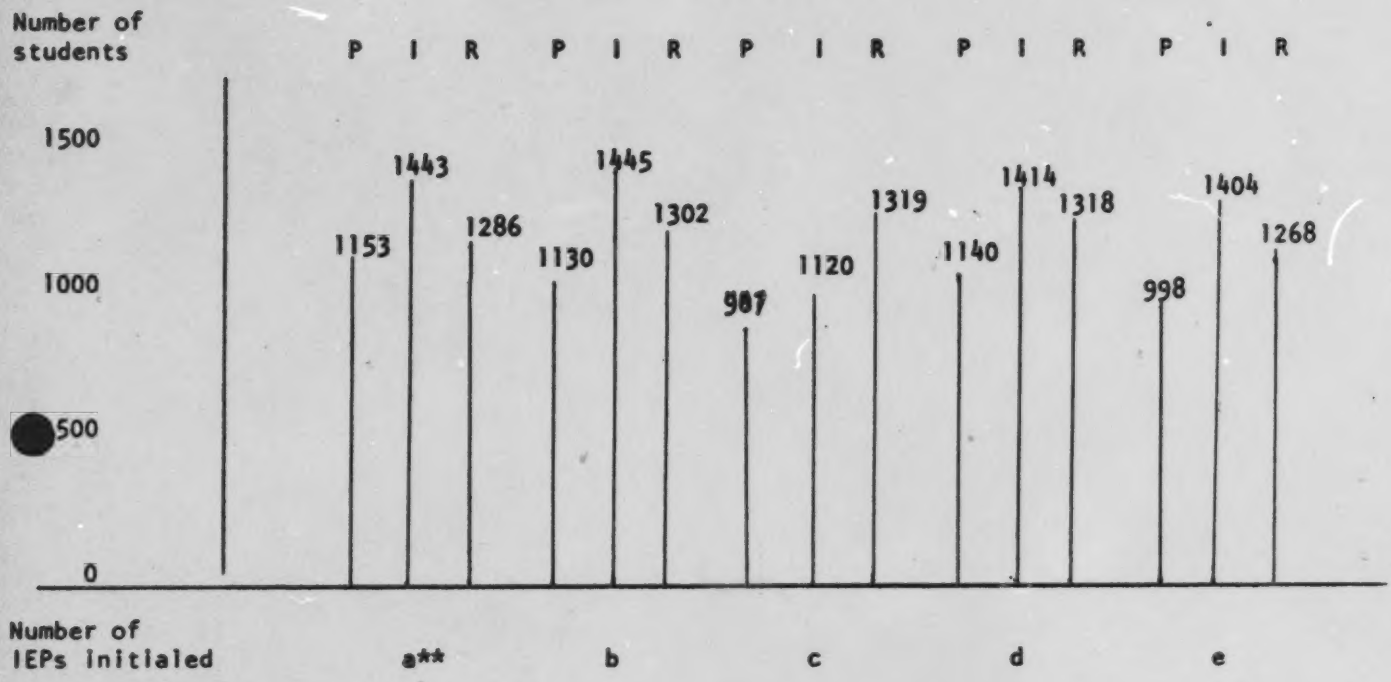
Number of male and female students by age



*Indicates missing age data.

TABLE 2

Number of persons by role who initialed each aspect of the IEPs



P = Parent
I = Implementor
R = I.U. Representative

**The letters a-e represent aspects of IEP development as specified in P.L. 94-142.

a. Determining present levels of educational performance
b. Determining annual goals and short term instructional objectives
c. Recommending educational services and extent of regular educational class programming
d. Determining initiation and duration of program services
e. Determining evaluation procedures and review schedule

TABLE 3

Number of personnel signing IEPs

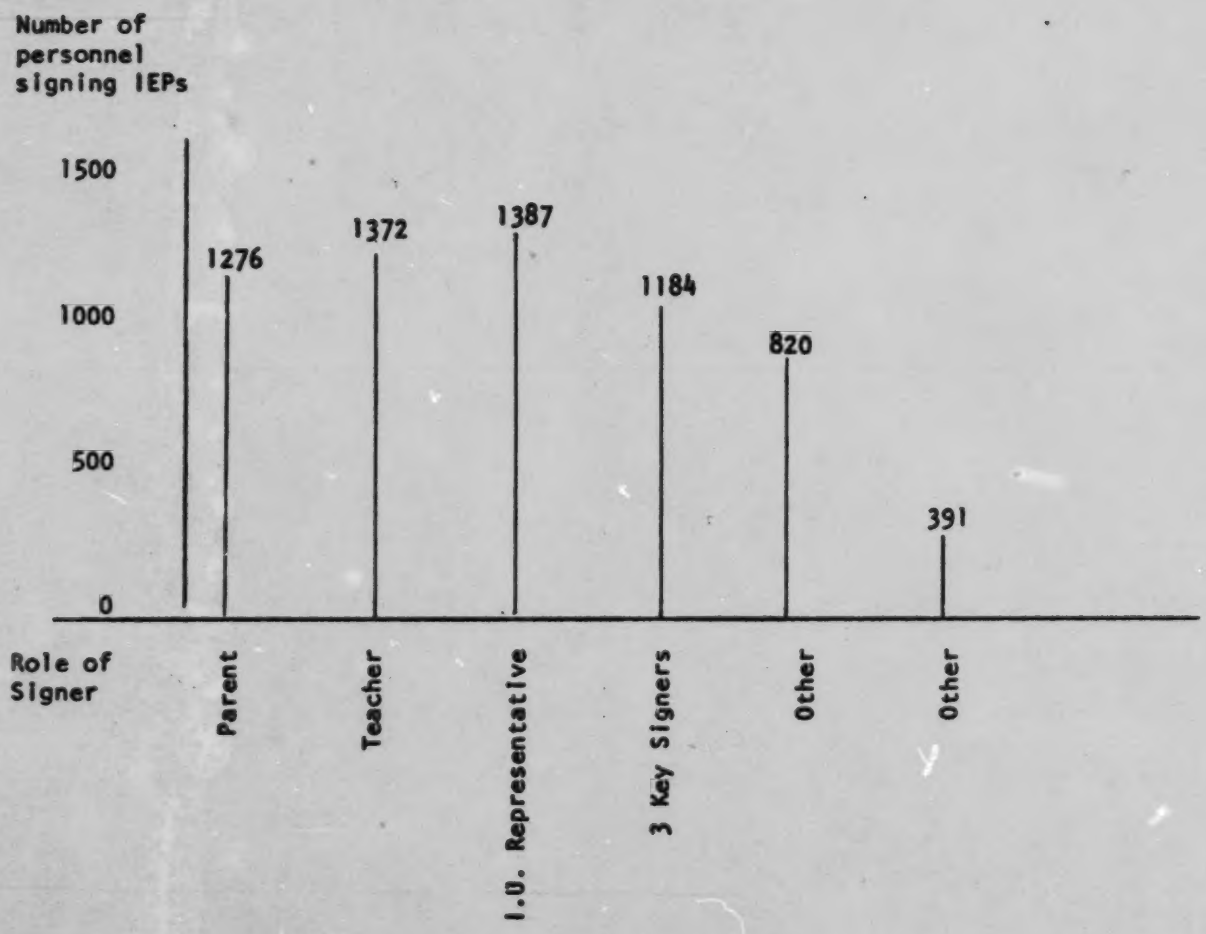


TABLE 4

Number of 10 most frequent others signing IEPs by role

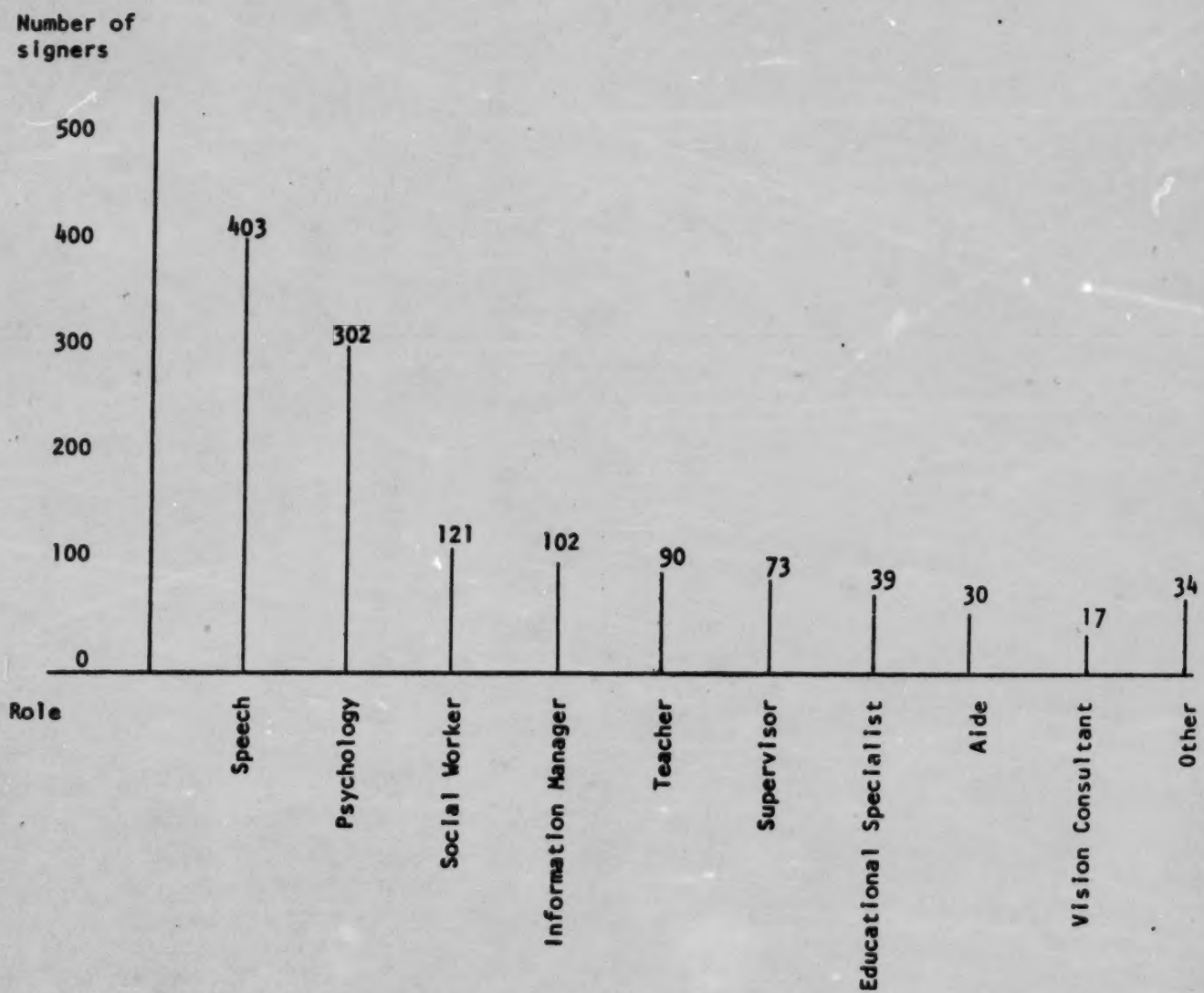


TABLE 5

Numbers of parent IEP planners by type

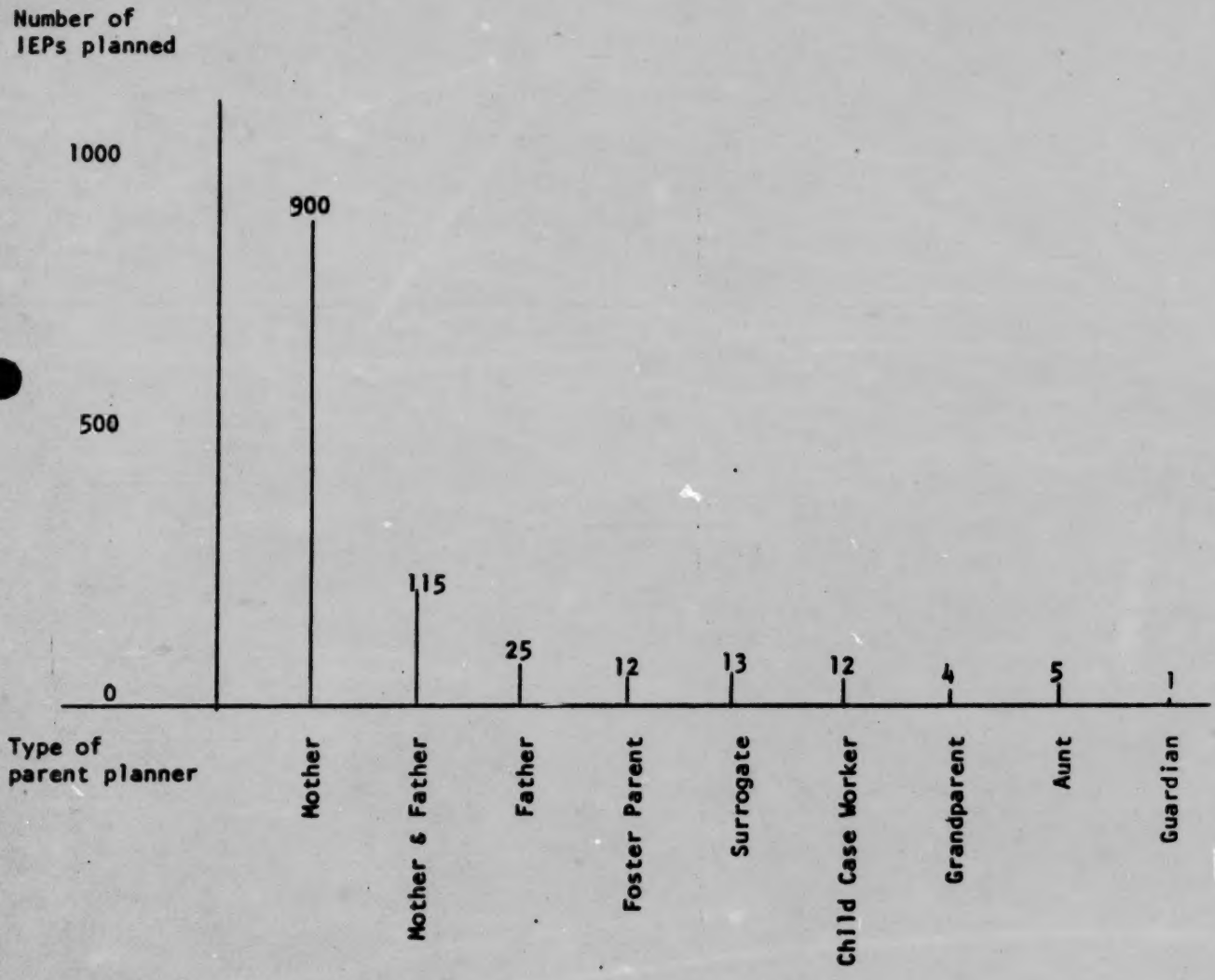


TABLE 6

Number of IEPs with I.U. representative planners listed by role

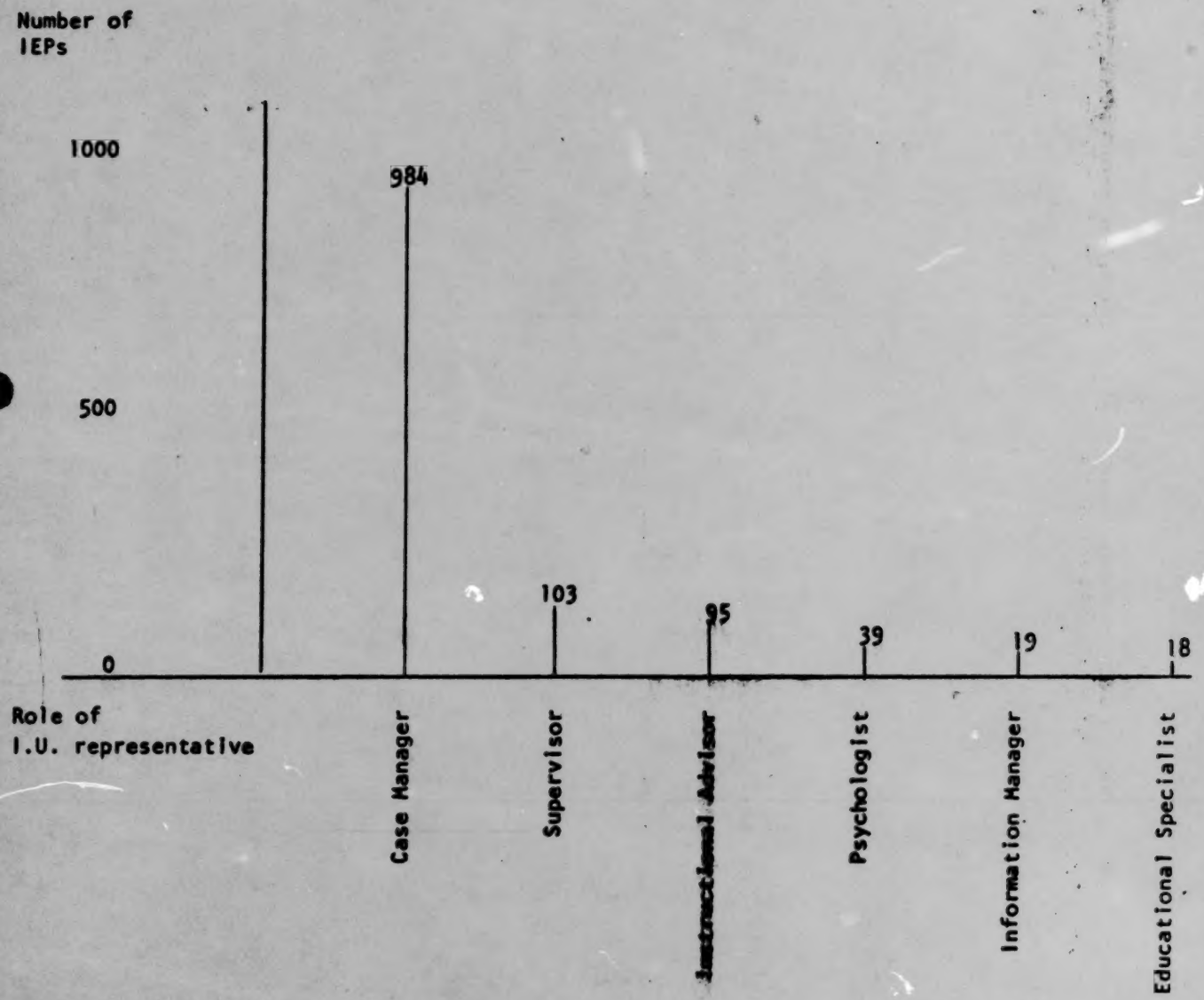


TABLE 7

Top 15 other IEP planners by role

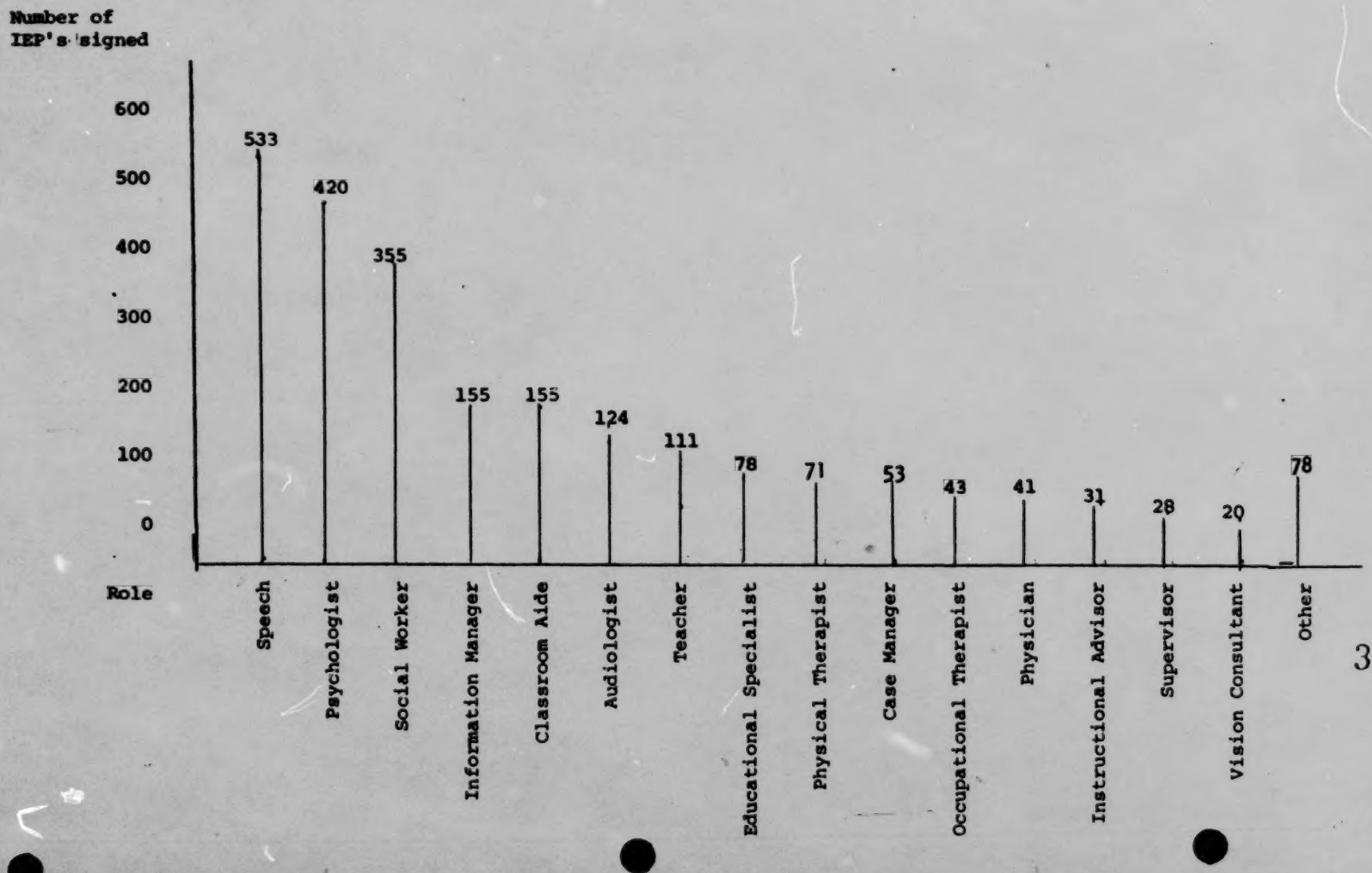


TABLE 8

IEP PLANNING TIME ON ALL IEP's

n = 1633

DATA COLLECTION HOURS

PLANNER ROLE	NUMBER REPORTING TIME	MEAN	STANDARD DEVIATION	MEDIAN	MODE	RANGE
Parent	777	1.7	4.2	1.0	1.0	0-87.3
Teacher	135	7.8	14.7	3.0	2.0	0-98.5
IU Rep.	812	1.3	1.3	1.0	1.0	0- 9.8
3 Key Planners	1464	8.9	15.5	4.0	1.0	0-179.8
All Other Planners	1132	6.4	14.7	2.0	2.0	0-118.8
Total Collection Time	1556	13.1	26.4	6.0	3.0	0-270.0

DEVELOPMENT HOURS

Parent	936	1.1	1.7	1.0	1.0	0-44.8
Teacher	1205	3.8	4.3	2.0	3.0	0-44.8
IU Rep.	1156	1.1	0.9	1.0	1.0	0-7.9
3 Key Planners	1482	4.6	4.9	3.5	2.0	0-49.3
All Other Planners	1104	2.8	3.1	2.0	1.0	0-35.9
Total Development Time	1535	6.5	6.1	4.8	3.0	0-53.4

TOTAL PLANNING HOURS

3 Key Planners	1518	13.1	18.1	7.8	2.0	0-186.3
Total Time	1558	19.5	28.9	10.5	6.0	0-278.0

TABLE 9

n=700

IEP PLANNING TIME FOR IEP'S WITH 3 KEY SIGNERS AND 3 KEY PLANNERS WITH SOME TOTAL PLANNING TIME

DATA COLLECTION HOURS

PLANNER ROLE	NUMBER REPORTING TIME	MEAN	STANDARD DEVIATION	MEDIAN	MODE	RANGE
Parent	503	1.9	5.2	1.0	1.0	0-87.3
Teacher	694	10.4	18.3	4.0	2.0	0-98.5
IU Rep.	543	1.2	1.3	1.0	1.0	0- 8.3
3 Key Planners	698	12.7	19.8	6.0	2.5	0-180.0
All Other Planners	467	8.9	20.6	2.3	1.0	0-118.8
Total Collection Time	700	18.6	34.9	7.0	2.5	0-269.5

DEVELOPMENT HOURS

Parent	663	1.1	1.8	0.9	1.0	0-44.8
Teacher	697	4.0	5.0	3.0	1.0	0-44.5
IU Rep.	661	1.1	1.	0.10	0.5	0- 7.9
3 Key Planners	698	6.1	6.0	4.5	1.5	0-48.6
All Other Planners	440	2.7	3.7	1.5	0.5	0-35.9
Total Development Time	698	7.8	7.5	5.5	5.0	0-53.0

TOTAL PLANNING HOURS

3 Key Planners	700	18.6	22.7	10.5	4.0	0-183.5
Total Time	700	26.4	37.6	12.8	5.5	0-275.3

TABLE 10

Number of children by type of recommended program/services

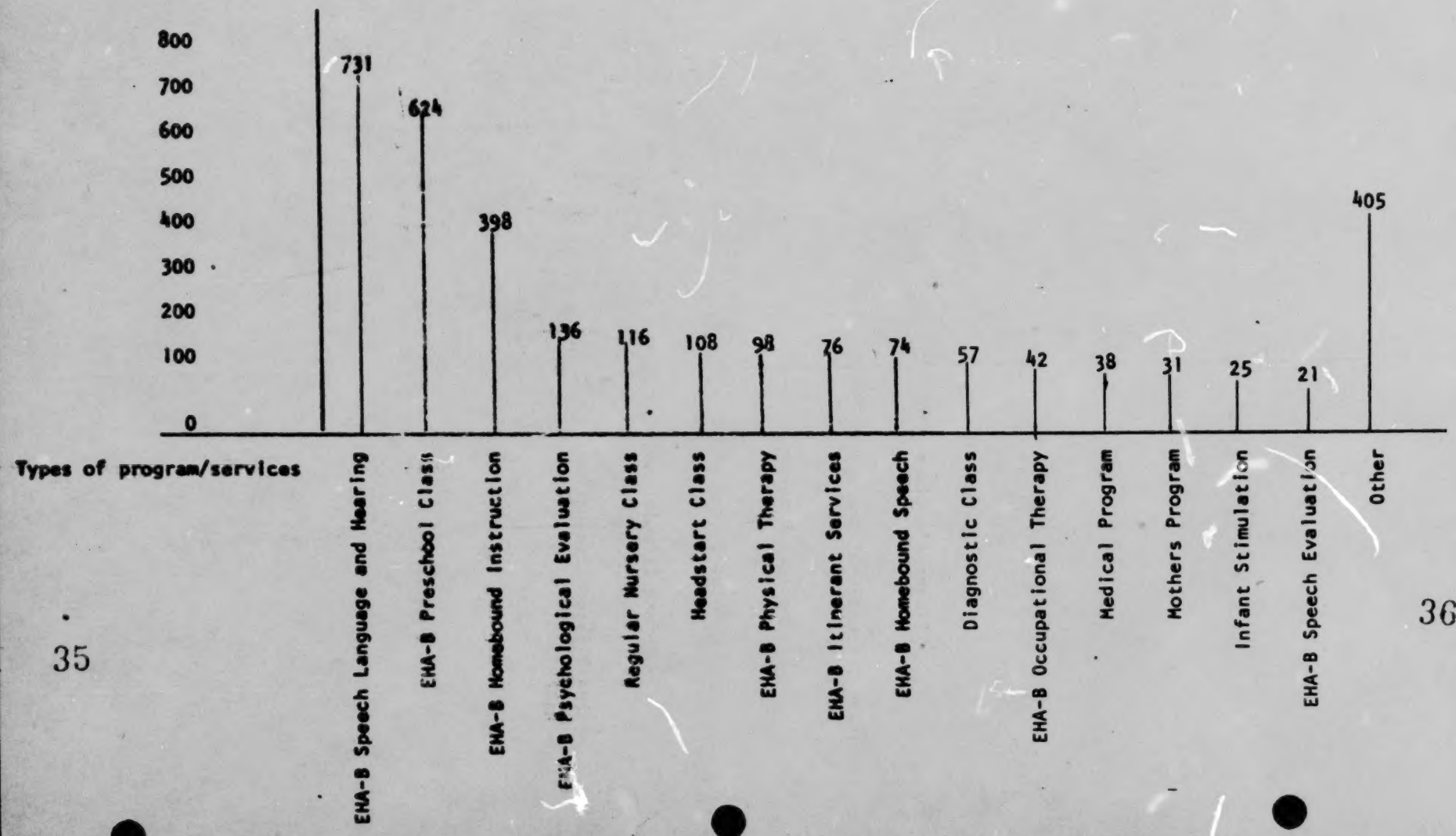


TABLE 11

Number of contact hours per program/service by number of total services per child for all IEPs

Children receiving one service	n	$\bar{x}$ hr. contact/wk.	s.d.
1st service	805	3.5226	5.3600
Children receiving *two services	**n**	**$\bar{x}$ hr. contact/wk.**	**s.d.**
1st service	353	8.3180	9.0200
2nd service	312	4.7603	7.0302
Children receiving *three services	**n**	**$\bar{x}$ hr. contact/wk.**	**s.d.**
1st service	174	12.9503	10.3169
2nd service	159	4.0414	8.0016
3rd service	119	3.2759	6.6337
Children receiving *four services	**n**	**$\bar{x}$ hr. contact/wk.**	**s.d.**
1st service	96	16.8958	10.8891
2nd service	87	1.4619	2.8509
3rd service	77	1.3474	3.6327
4th service	60	2.2481	4.7768
Children receiving *five services	**n**	**$\bar{x}$ hr. contact/wk.**	**s.d.**
1st service	29	17.3448	11.4253
2nd service	22	4.2614	10.004
3rd service	13	1.3256	1.4629
4th service	6	1.0556	0.8227
5th service	7	7.7905	7.7665
Children receiving *six services	**n**	**$\bar{x}$ hr. contact/wk.**	**s.d.**
1st service	27	20.6296	10.5006
2nd service	26	5.8718	7.5269
3rd service	5	6.0500	7.9262
4th service	14	3.6607	2.1567
5th service	15	3.8000	2.0049
6th service	5	0.7500	0.0
Children receiving *seven services	**n**	**$\bar{x}$ hr. contact/wk.**	**s.d.**
1st service	12	18.2500	8.4544
2nd service	10	2.0333	1.8300
3rd service	7	7.7143	11.8211
4th service	2	2.0000	1.8856
5th service	4	2.6250	1.3617
6th service	3	1.4167	1.0104
7th service	2	2.0000	0.0

*Differences in n's reflect missing data.

TABLE 12

Number of contact hours per service by number of total services per child for IEPs with three key signers and three key planners each with some total planning time

Children receiving one service	n	$\bar{x}$ hr. contact/wk.	s.d.
1st service	300	4.1678	6.2262
Children receiving two services	**n**	**$\bar{x}$ hr. contact/wk.**	**s.d.**
1st service	174	7.3079	7.5302
2nd service	156	4.6296	6.5059
Children receiving three services	**n**	**$\bar{x}$ hr. contact/wk.**	**s.d.**
1st service	84	13.3105	10.3279
2nd service	75	4.1044	8.2633
3rd service	67	2.3963	5.0389
Children receiving four services	**n**	**$\bar{x}$ hr. contact/wk.**	**s.d.**
1st service	60	20.2250	11.3904
2nd service	54	1.3698	2.7721
3rd service	48	1.6660	4.5619
4th service	32	2.7841	5.8841
Children receiving five services	**n**	**$\bar{x}$ hr. contact/wk.**	**s.d.**
1st service	23	17.9348	11.7360
2nd service	20	4.5625	10.4650
3rd service	13	1.3256	1.4629
4th service	6	1.0556	0.8227
5th service	7	7.7905	7.7665
Children receiving six services	**n**	**$\bar{x}$ hr. contact/wk.**	**s.d.**
1st service	237	22.5652	9.4836
2nd service	23	5.3986	6.7797
3rd service	4	7.4375	8.4221
4th service	13	3.9038	2.0352
5th service	14	3.5714	1.8668
6th service	5	0.7500	0.0
Children receiving seven services	**n**	**$\bar{x}$ hr. contact/wk.**	**s.d.**
1st service	10	21.5000	4.1160
2nd service	10	2.0333	1.8300
3rd service	5	0.8000	0.6708
4th service	2	2.0000	1.8856
5th service	3	2.8333	1.5887
6th service	1	0.2500	0.0
7th service	0	0.0	0.0

TABLE 13

Type of environment listed for children recommended to be receiving program/services

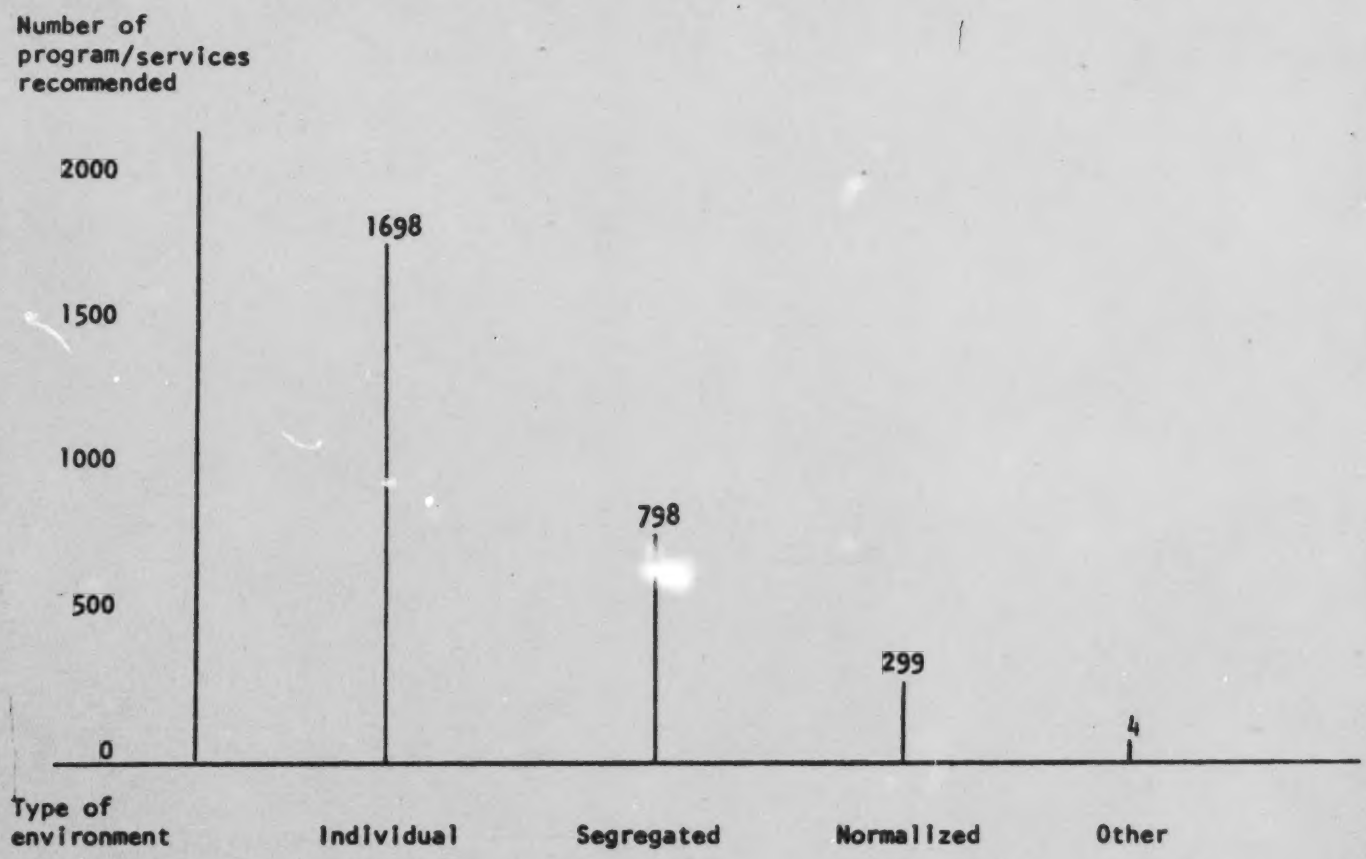


TABLE 14

Instructional objective revision schedule frequency
for program/services recommended

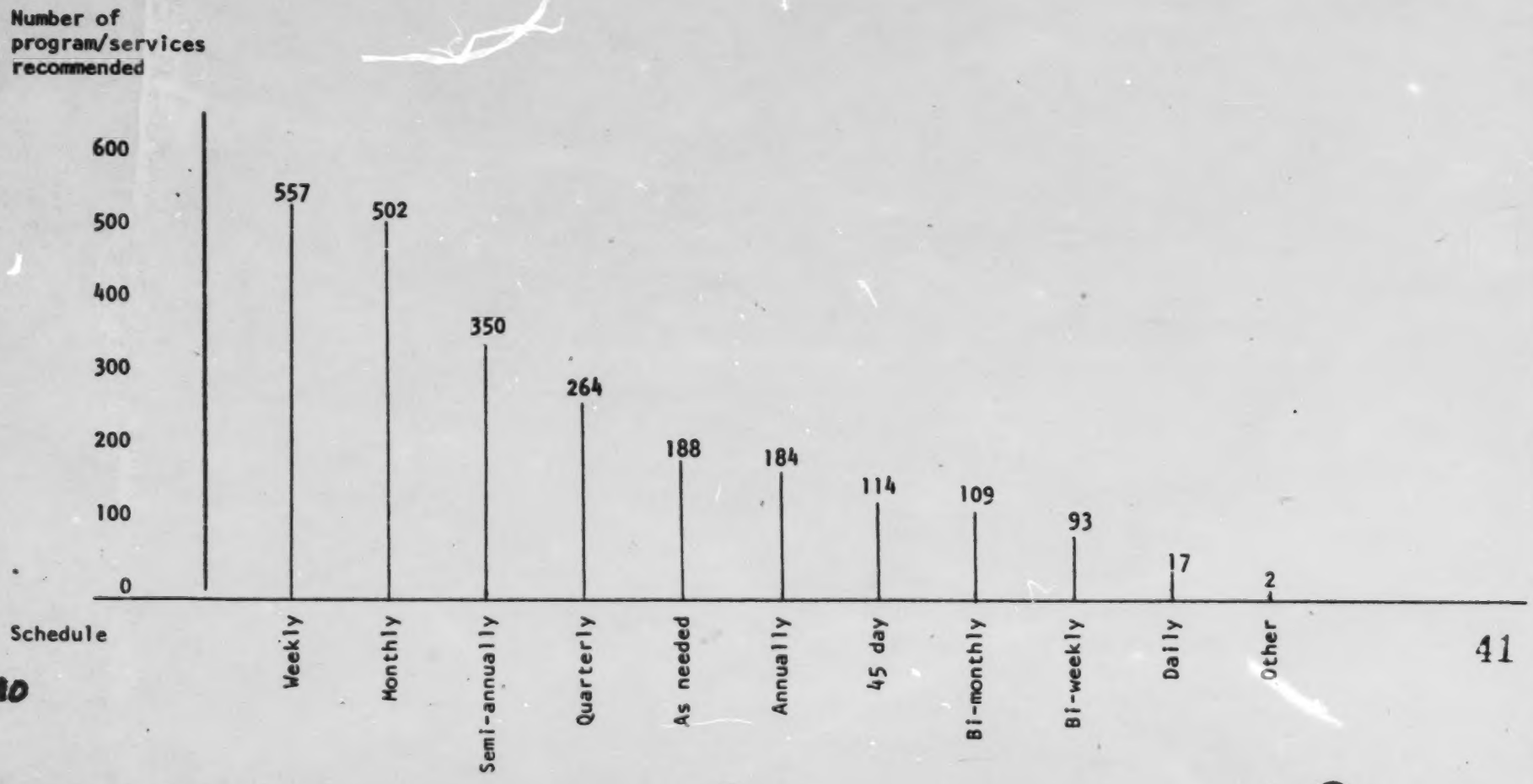


TABLE 15

Type of present level per child by curricular area

	Narrative	Score	Narrative plus Score	Total
COMMUNICATION	659	93	437	1189
MOTOR	509	92	325	926
SELF-HELP	503	69	236	808
SOCIALIZATION	630	56	188	814
COGNITION	558	1197	235	1990
TOTAL	2859	1507	1421	5787

TABLE 16

Summary of all curricular information for children with IEPs

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	659	3214	2204	1.46	6476	2176	2.98
Score	93						
Narrative & Score	437						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	509	2765	1629	1.70	5207	1591	3.27
Score	92						
Narrative & Score	325						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	503	1798	1429	1.25	3739	1402	2.67
Score	69						
Narrative & Score	236						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	630	1556	1251	1.24	2952	1274	2.32
Score	56						
Narrative & Score	188						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	558	1979	1412	1.40	4045	1396	2.90
Score	1197						
Narrative & Score	235						

TABLE 17

Summary of curricular information for children with 3 key signers and 3 key planners with some total planning time

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	410	1685	1120	1.50	3595	1126	3.19
Score	23						
Narrative & Score	234						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	324	1143	891	1.28	3225	881	3.66
Score	37						
Narrative & Score	169						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	319	921	722	1.28	1901	689	2.76
Score	8						
Narrative & Score	107						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	356	864	709	1.22	1842	699	2.64
Score	12						
Narrative & Score	107						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	335	954	774	1.23	2229	761	2.93
Score	41						
Narrative & Score	248						

TABLE 18 One Service

Curricular information by number of services received per child
for children with 3 key signers and 3 key planners with some total planning time

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	206	804	469	1.74	1565	480	3.26
Score	11						
Narrative & Score	72						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	124	340	276	1.23	799	275	2.91
Score	9						
Narrative & Score	40						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	127	299	236	1.27	513	232	2.21
Score	2						
Narrative & Score	28						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	119	264	208	1.27	507	205	2.45
Score	6						
Narrative & Score	22						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	148	336	283	1.19	728	276	2.63
Score	26						
Narrative & Score	163						

TABLE 19 Two Services

Curricular information by number of services received per child
for children with 3 key signers and 3 key planners with some total planning time

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	109	423	320	1.32	889	321	2.77
Score	7						
Narrative & Score	67						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	95	333	280	1.19	802	275	2.92
Score	14						
Narrative & Score	37						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	108	261	220	1.19	458	212	2.16
Score	3						
Narrative & Score	16						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	136	262	239	1.10	475	233	2.04
Score	3						
Narrative & Score	19						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	97	266	228	1.17	548	225	2.44
Score	12						
Narrative & Score	29						

TABLE 20 Three Services

Curricular information by number of services received per child for children with 3 key signers and 3 key planners with some total planning time

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	45	226	141	1.60	470	137	3.43
Score	1						
Narrative & Score	37						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	53	246	145	1.70	865	145	5.97
Score	1						
Narrative & Score	45						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	40	152	93	1.63	382	71	5.38
Score	2						
Narrative & Score	17						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	44	148	91	1.63	406	92	4.41
Score	3						
Narrative & Score	24						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	38	136	80	1.2	363	76	4.78
Score	2						
Narrative & Score	15						

TABLE 21 Four Services

Curricular information by number of services received per child
for children with 3 key signers and 3 key planners with some total planning time

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	23	128	94	1.36	338	93	3.63
Score	1						
Narrative & Score	35						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	15	117	95	1.23	376	93	4.04
Score	1						
Narrative & Score	41						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	20	103	80	1.29	229	76	3.01
Score	1						
Narrative & Score	30						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	22	107	91	1.18	232	84	2.61
Score	0						
Narrative & Score	33						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	19	113	92	1.23	285	93	3.06
Score	1						
Narrative & Score	31						

TABLE 22 Five Services

Curricular information by number of services received per child
for children with 3 key signers and 3 key planners with some total planning time

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	9	46	38	1.21	156	38	4.11
Score	2						
Narrative & Score	11						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	10	48	39	1.23	203	39	5.21
Score	11						
Narrative & Score	3						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	6	56	44	1.27	179	46	3.89
Score	0						
Narrative & Score	12						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	11	39	36	1.08	94	36	2.61
Score	0						
Narrative & Score	7						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	11	49	37	1.32	154	37	4.16
Score	0						
Narrative & Score	8						

TABLE 23 Six Services

Curricular information by number of services received per child
for children with 3 key signers and 3 key planners with some total planning time

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	15	44	44	1.0	129	43	3.0
Score	0						
Narrative & Score	9						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	21	43	43	1.0	125	41	3.05
Score	1						
Narrative & Score	1						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	15	40	39	1.02	109	42	2.60
Score	0						
Narrative & Score	2						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	19	30	30	1.0	84	30	2.8
Score	0						
Narrative & Score	0						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	18	40	40	1.0	107	40	2.68
Score	0						
Narrative & Score	1						

TABLE 24 Seven Services

Curricular information by number of services received per child
for children with 3 key signers and 3 key planners with some total planning time

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	5	14	14	1.0	48	14	3.45
Score	1						
Narrative & Score	3						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	6	16	13	1.23	55	13	4.23
Score	0						
Narrative & Score	2						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	3	10	10	1.0	31	10	3.1
Score	0						
Narrative & Score	2						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	6	14	14	1.0	44	14	3.14
Score	0						
Narrative & Score	2						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	2	14	14	1.0	44	14	3.14
Score	0						
Narrative & Score	1						

TABLE 25 One Service

Curricular information by number of services received per child for all children with IEPs

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	309	1620	1012	1.6	3061	993	3.08
Score	46						
Narrative & Score	161						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	189	1337	570	2.34	1620	561	2.89
Score	28						
Narrative & Score	94						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	191	565	476	1.19	992	474	2.09
Score	16						
Narrative & Score	56						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	239	567	416	1.36	816	405	2.05
Score	23						
Narrative & Score	37						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	269	639	532	1.20	1396	522	2.67
Score	1132						
Narrative & Score	62						

TABLE 26 Two Services

Curricular information by number of services received per child for all children with IEPs

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	191	817	638	1.28	1718	640	2.68
Score	21						
Narrative & Score	130						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	181	629	506	1.24	1314	497	2.64
Score	34						
Narrative & Score	78						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	200	461	395	1.17	790	475	1.66
Score	8						
Narrative & Score	38						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	217	434	394	1.10	798	400	2.00
Score	11						
Narrative & Score	50						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	164	492	404	1.21	974	400	2.44
Score	30						
Narrative & Score	58						

TABLE 27 Three Services

Curricular information by number of services received per child for all children with IEPs

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	82	429	284	1.51	940	273	3.44
Score	15						
Narrative & Score	76						
MOTOR	**Present Levels**	**Goals**	**n**	$\bar{x}$	**Objectives**	**n**	$\bar{x}$
Narrative	79	454	277	1.64	1285	269	4.78
Score	22						
Narrative & Score	70						
SELF-HELP	**Present Levels**	**Goals**	**n**	$\bar{x}$	**Objectives**	**n**	$\bar{x}$
Narrative	68	286	194	1.47	711	182	3.91
Score	14						
Narrative & Score	43						
SOCIALIZATION	**Present Levels**	**Goals**	**n**	$\bar{x}$	**Objectives**	**n**	$\bar{x}$
Narrative	86	284	214	1.33	714	222	3.22
Score	18						
Narrative & Score	55						
COGNITION	**Present Levels**	**Goals**	**n**	$\bar{x}$	**Objectives**	**n**	$\bar{x}$
Narrative	53	536	217	2.47	817	212	3.85
Score	18						
Narrative & Score	67						

TABLE 28 Four Services

Curricular information by number of services received per child for all children with IEPs

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	45	217	159	1.36	433	158	2.74
Score	8						
Narrative & Score	40						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	19	203	155	1.31	550	152	3.62
Score	7						
Narrative & Score	64						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	36	192	141	2.0	368	139	2.65
Score	5						
Narrative & Score	39						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	49	173	134	1.29	355	148	2.4
Score	4						
Narrative & Score	34						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	36	189	152	1.24	516	156	3.31
Score	6						
Narrative & Score	43						

TABLE 29 Five Services

Curricular information by number of services received per child for all children with IEPs

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	9	56	45	1.24	175	44	3.98
Score	2						
Narrative & Score	15						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	12	75	60	1.25	240	49	4.9
Score	0						
Narrative & Score	13						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	7	62	52	1.19	191	51	3.75
Score	0						
Narrative & Score	14						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	13	42	40	1.05	105	44	2.39
Score	0						
Narrative & Score	8						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	13	57	45	1.27	177	45	3.93
Score	11						
Narrative & Score	0						

TABLE 30 Six Services

Curricular information by number of services received per child for all children with IEPs

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	17	52	48	1.73	157	50	3.14
Score	0						
Narrative & Score	11						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	22	48	46	1.04	141	46	3.07
Score	1						
Narrative & Score	3						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	17	51	47	1.09	130	46	2.83
Score	0						
Narrative & Score	3						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	20	35	34	1.03	93	34	2.74
Score	0						
Narrative & Score	2						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	21	46	46	1.0	117	46	2.54
Score	0						
Narrative & Score	3						

TABLE 31 Seven Services

Curricular information by number of services received per child for all children with IEPs

COMMUNICATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	6	23	18	1.28	42	18	2.33
Score	1						
Narrative & Score	4						

MOTOR	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	7	19	15	1.27	57	17	3.35
Score	0						
Narrative & Score	3						

SELF-HELP	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	3	13	13	1.0	33	13	2.54
Score	0						
Narrative & Score	3						

SOCIALIZATION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	6	21	19	1.11	71	21	3.38
Score	0						
Narrative & Score	2						

COGNITION	Present Levels	Goals	n	$\bar{x}$	Objectives	n	$\bar{x}$
Narrative	2	20	16	1.25	48	15	3.2
Score	0						
Narrative & Score	2						

Attachment

IEP SAMPLE

BACKGROUND

During CONNECT's third site visit ten IEPs were selected for qualitative analysis. They were chosen using a stratified random sample within each program so that as many teachers as possible were included in the sample.

The objectives were rated according to criteria specified in the guidelines developed by CONNECT. Each objective was rated in the area of terminal behavior, criteria implicity or explicity present and whether an anticipated completion date was present.

DATA SAMPLE

A total of 257* IEPs were analyzed. The goals and objectives were analyzed by curricular area. The cognitive area had the most objectives while communication had the most goals. The following table indicates the number of goals and objectives per curricular area and the percent meeting all the criteria specified.

- -

INSERT TABLE 1 ABOUT HERE.

- -

The cognitive area is the area that is most often incomplete while communication is the area most often completed. The following table indicates the aspects of the objectives as they were completed by curricular area.

- -

INSERT TABLE 2 ABOUT HERE.

- -

*Two I.U.'s did not participate and some I.U.'s had fewer than 10 IEPs at the time of the data collection.

DISCUSSION

The findings indicate that the teachers of preschool handicapped children were able to develop IEPs with correctly written objectives in a relatively short period of time. The percentages in the areas of communication, motor, self-help, and socialization indicate strengths in these curricular areas. There is an explanation in the cognitive area since one I.U. with 875 objectives in the cognitive area did not use anticipated completion dates. When this I.U.'sdata is removed from the rest of data, the communication objectives reach the 76.88% level. This is in keeping with the other objectives.

The overall rate of 68% is also raised dramatically when the 875 cognitive objectives are removed from the rest of the data. The level goes from 68% to 80% overall.

Interestingly the I.U.'s that did not receive any inservice training from Project CONNECT had the lowest percentages of completed objectives. Feedback was provided to the I.U.'s that were a part of sample and inservice training offered to their personnel.

TABLE 1

IEP Sample

	n	Goals	Objectives	Number of Objectives with Terminal Behavior, Criterion and Anticiapted Completion Date	Percent of Objectives with Terminal Behavior, Criterion and Anticipated Completion Date
COMMUNICATION	238	626	1263	1054	83.5%
MOTOR	193	442	1202	938	78.0%
SELF-HELP	148	314	628	512	81.5%
SOCIALIZATION	169	314	671	540	80.5%
COGNITION	183	369	1719	695	40.4%
TOTAL	257	2054	5484	3730	68.0%

TABLE 2

Number of Objectives Per Curricular Area Completed Correctly

	Number of Objectives	Terminal Behavior	Criteria	Anticiapted Completion Date	Number with all Three Complete	Percent with all Three Complete
COMMUNICATION	1263	1259	1171	1109	1054	83.5%
MOTOR	1202	1196	992	1139	938	78.0%
SELF-HELP	628	620	544	584	512	81.5%
SOCIALIZATION	671	665	577	622	540	80.5%
COGNITION	1719	1717	1634	753	695	40.4%
TOTAL	5484	5458	4918	4208	3730	68.0%

Attachment

PLANNING TIME

PLANNING TIME: SUMMARY
PRESCHOOL INDIVIDUALIZED EDUCATION PROGRAM PLANS

This report is based on data gathered during the preschool Individualized Education Program (IEP) pilot which was conducted in all of Pennsylvania's Intermediate Units (IUs) during the 1976-77 school year. IEPs were selected according to criteria described under Procedures to emphasize three key planning roles - parents, teachers, and IU representatives. Because of this selection, Tables 1 and 2 represent only some of the IEPs developed in preschool programs.

Time, a measure of input to IEP planning, is the topic of this report. Detailed reports of the outcomes of IEP planning, emphasizing characteristics of the plans developed during Pennsylvania's Preschool Pilot IEP, will be available shortly.

Purpose

This report is intended to help administrators estimate the amount of time it will take to plan Individualized Education Programs (IEPs). Information about planning time that has been invested by teachers and by other educators should be useful for planning staff allocations and budgets.

The statewide report (Table 1) is presented for general reference and for use by planners of statewide services. Intermediate Unit summaries (Tables 2 and 3) are included for use by school district and IU planners. For planning preschool staff allocations and budgets, the IU reports should be directly relevant. However, projections may require adjustment if the IU expects appreciable changes in the child population, service delivery model, experience of staff, or other important areas. Using this preschool information for estimating staffing needs at school age would require that administrators anticipate possible differences from preschool. For example, the availability of extensive information about older students may reduce the time needed for individual assessment and evaluation, while greater complexity of school-age curricula and service delivery might increase the time needed for conferences and other IEP planning activities. Consultation with preschool staff, who can interpret the IU report in light of local conditions and procedures, is recommended.

Procedures

During the 1976-77 school year, every intermediate unit (IU) developed written IEP plans for preschool handicapped children. Each child's IEP plan was summarized on a standard form (DEBE-2235-OT), a sample of which is attached. This summary included documentation of how key planners [parent(s), teacher(s), LEA representative(s)] participated in each of the five IEP components [assessing present levels, setting goals/objectives, recommending programs/services, estimating duration of services, and specifying evaluation of progress] that are specified in P.L. 94-142. The standard form provided space for signature indicating involvement by each key planner and space for recording the date of plan acceptance by that person. IEP planning time was reported according to these definitions:

> Data collection: Time entailed in collecting data for IEP (i.e., testing, obtaining records, observation, time in diagnostic classroom, parent interviews, determining present level).
>
> IEP development: Time entailed in drafting and agreeing on an IEP (i.e., time spent in staffing, writing goals and objectives, drafting forms, and attending required meetings).

When these IEP data were collected from the IUs, IEP plans were in various stages of development. For this report of planning time, documented completion of the IEP planning process was required. Therefore, IEPs which met both of the following criteria were considered completed and were selected for summary in Tables 1 and 2.

1. Signature of the IEP summary form was assumed to indicate that planning was completed to the satisfaction of the planner. In order to assure that the planning process had been completed, only IEPs signed by all three key planners met this criterion for inclusion.

2. A record of planning time by any key planner was assumed to indicate that time records had been kept. Therefore, only IEPs specifying some planning time met this criterion for selection.

Table 3 summarizes planning time for all preschool IEP plans documented by the IU and provided to CONNECT staff, without consideration of signatures or whether any planning time was reported. This table will enable the IU to consider additional aspects of local IEP planning time without regard to the selection criteria that are described above. All planning time is reported in hours rounded to the nearest tenth.

Results

The selection process reduced the statewide total of 1633 IEPs to a sample of 1142. In two IUs all IEPs met both selection criteria, but in one IU no IEP had all three required signatures.

The statewide summary of selected data (Table 1) indicates that substantial proportions of IEP plans were accepted (signed) by key planners who did not report that they invested any time in the planning process. Among key planners, teachers and IU representatives most frequently reported time; time was reported for other planners more frequently than it was for parents. Two percent of IEPs reported no time for IEP development. This suggests that data were not always completely recorded, and that the most meaningful analyses can be made on IU reports by the IU staff who were involved in the preschool pilot and know the recording procedures that were used locally.

Examination of range and standard deviation reveals a great deal of variability in time reported for most planning roles. Reasons for this variability will be examined in later reports, but IU staff may already be able to consider local factors and decisions as they interpret Tables 2 and 3. The data reflected in the statewide summary are not normally distributed; instead the distributions show many reports of little planning time (notice the mode) and relatively few reports at high levels of planning time. Because of these non-normal distributions, the mean is not considered the best measure of the average. Instead, the median seems the best statistic for use in general planning. According to the median total planning hours, planners for these selected preschool IEPs reported, on the average, ten and a half hours to evaluate the child and develop the IEP. Because parents are not paid, the median IEP cost nine and a half hours at the pay rates of the various professionals involved. Insofar as these data may be relevant to school age, where individual evaluation has long been part of the program, estimates of the additional time that will be needed to formalize an IEP plan can be based on median development hours which, after deducting the non-paid parent time, is approximately four hours.

It is recommended that IU staff interpret Tables 2 and 3 by deciding appropriate statistics for local data, considering local conditions and expectations, adjusting expectations accordingly, and making projections based on student population and local salaries.

Statistics reported in Tables 1-3 are defined as follows:

Percent of IEPs Reporting Time: This column reflects the degree to which persons who signed the IEP summary sheet also reported time spent in planning the IEP.

Mean: This column represents the arithmetic average (sum of time divided by number of planners).

Standard Deviation: This column reflects the deviation of time reports from the mean. Higher figures indicate greater variations in planning time.

Median: This column shows the planning time below which one half of the reports fall and above which one half of the points fall; the median represents planning time by the planner who was exactly halfway between lowest and highest.

Mode: This column shows the approximate planning time reported most frequently; most planners spent about this much time.

Range: The final column shows the lowest (least) and highest (most) planning time reported.

Comments and questions about this report are welcome. Address your inquiries to:

Fred Davis, CONNECT, 1-A North Progress Avenue, Harrisburg, PA 17109 Phone: 717-783-3238.

Source: CONNECT
6/17/77

TABLE I

PRESCHOOL IEP PLANNING TIME:
STATEWIDE SELECTED DATA

N = 1142

DATA COLLECTION HOURS

Planner Role	Percent of IEPs Reporting Time	Mean	Standard Deviation	Median	Mode	Range Least	Range Most
Parents	51	0.9	3.6	0.5	0.0	0.0	87.5
Teachers	95	7.8	15.3	3.0	1.0	0.0	99.0
IU Representatives	55	0.7	1.1	0.3	0.0	0.0	10.0
TOTAL Key Collectors	98	9.4	16.7	4.0	1.0	0.0	180.0
OTHER COLLECTORS	70	4.8	14.4	1.5	0.0	0.0	119.0
ALL DATA COLLECTORS	100	14.1	29.1	5.5	3.0	0.0	270.5

DEVELOPMENT HOURS

Parents	66	0.7	1.6	0.5	0.0	0.0	45.0
Teachers	81	3.1	4.3	2.0	0.0	0.0	45.0
IU Representatives	83	0.9	1.0	0.7	1.0	0.0	8.0
TOTAL Key Developers	98	4.8	5.2	3.5	2.0	0.0	49.5
OTHER DEVELOPERS	68	1.8	2.9	1.0	0.0	0.0	36.0
ALL DEVELOPERS	98	6.6	6.6	4.5	3.0	0.0	54.0

*TOTAL PLANNING HOURS**

Parents	71	1.7	4.7	1.0	0.0	0.0	120.0
Teachers	96	10.9	17.5	6.0	1.0	0.0	129.0
IU Representatives	87	1.6	1.8	1.0	1.0	0.0	13.0
TOTAL Key Planners	100	14.2	20.0	8.0	2.0	0.2	186.5
OTHER PLANNERS	73	6.5	15.2	2.5	0.0	0.0	124.5
ALL PLANNERS	100	20.7	31.7	10.5	6.0	0.5	278.5

**Collection plus Development*

PRESCHOOL PILOT IEP

I hereby affirm that I have been actively involved in the development of the following aspects* of the Individualized Educational Program (IEP) for

_____. DOB: ___/___/___
(Child's Name) Mo. Day Yr.

PARENT/ GUARDIAN	TEACHER/ PROGRAM IMPLEMENTOR	CASE MANAGER/ SUPERVISOR	
			A. Determining present levels of educational performance
			B. Determining annual goals and short term instructional objectives
			C. Recommending educational services and extent of regular educational class programming
			D. Determining initiation and duration of program services
			E. Determining evaluation procedures and review schedule

_____ DATE: _____
PARENT/GUARDIAN:

_____ DATE: _____
TEACHER:

_____ DATE: _____
CASE MANAGER:

_____ DATE: _____
OTHER:

_____ DATE: _____
OTHER:

* Items A through E reflect definitions of the term, individualized education program, as presented in "The Education for All Handicapped Children Act of 1975" P.L. 94-142.

DEBE-2235-OT (8/76)

Current IEP Date: _____ IEP Review Date: _____

CHILD'S NAME: _____ BIRTHDATE: ___/___/___ AGE: ___Yrs.___ Mos.
Mo. Day Yr.

PARENT/GUARDIAN: _____ SCHOOL DISTRICT: _____

ADDRESS: _____ CURRENT ASSIGNMENT: _____

_____

IEP PLANNERS:

Name	Relationship To Child	PLANNING HOURS Data Collection	IEP Development

TYPE AND EXTENT OF RECOMMENDED* EDUCATIONAL SERVICES:

Program/Service	PROJECTED DATES Initiation	Termination	Contact Hours	Environment/ Extent Regular	Personnel	Instructional Objective Revision Schedule

*Components of the plan are subject to revision as they are outdated by the child's development.

Attachment

RESOURCE NEEDS SURVEY

SURVEY OF RESOURCE NEEDS

As part of the preschool pilot, key IEP planners (teachers, parents, and IU representatives) were asked to rate their need and the availability of resources for planning specific IEPs. Questionnaires included seven resource areas (the child, tests and assessment procedures, curriculum and learning objectives, instructional materials, instructional methods, resource personnel, and settings or environments for instruction) and five types of resource (direct contact with resource information, identification of resources, analytic information about prospective uses of resources, histories of resource use, and evaluation of resource by users). Useable questionnaires were collected from 219 of 261 possible respondents - 75 teachers, 65 parents, and 79 IU representatives.

Results and Conclusions

For the most part, IEP planners indicated that they needed more resources than were available. In five of the seven areas, teachers and parents were more in need of additional resources than were IU representatives. Both teachers and IU representatives indicated that they knew more than they needed to know about alternative learning environments, an interesting finding respective to the mandate for finding the least restrictive alternative for a child.

Teachers revealed greater unmet needs for direct contact with resources than did the other key planners, who indicated that their needs for

---

Insert Figure 2 about here

---

such direct experience with resources were generally met.

Information identifying resources (e.g. bibliographic) was adequate for professionals but

Insert Figure 3 about here

the other types of resource information were not sufficiently available to meet the needs of either teachers or IU representatives.

The general pattern of response indicates that parents, like their professional collegues in the IEP planning process, need more resources than have been provided by the existing resource system. Because the IEP planning process will continue to include active participation by parents, teachers, and LEA representatives, resource providers will need to consider such continuing needs as those indicated by the key IEP planners who participated in this survey.

FIGURE I

Mean Need - Availability Index For Role
By Area Of Resource Information

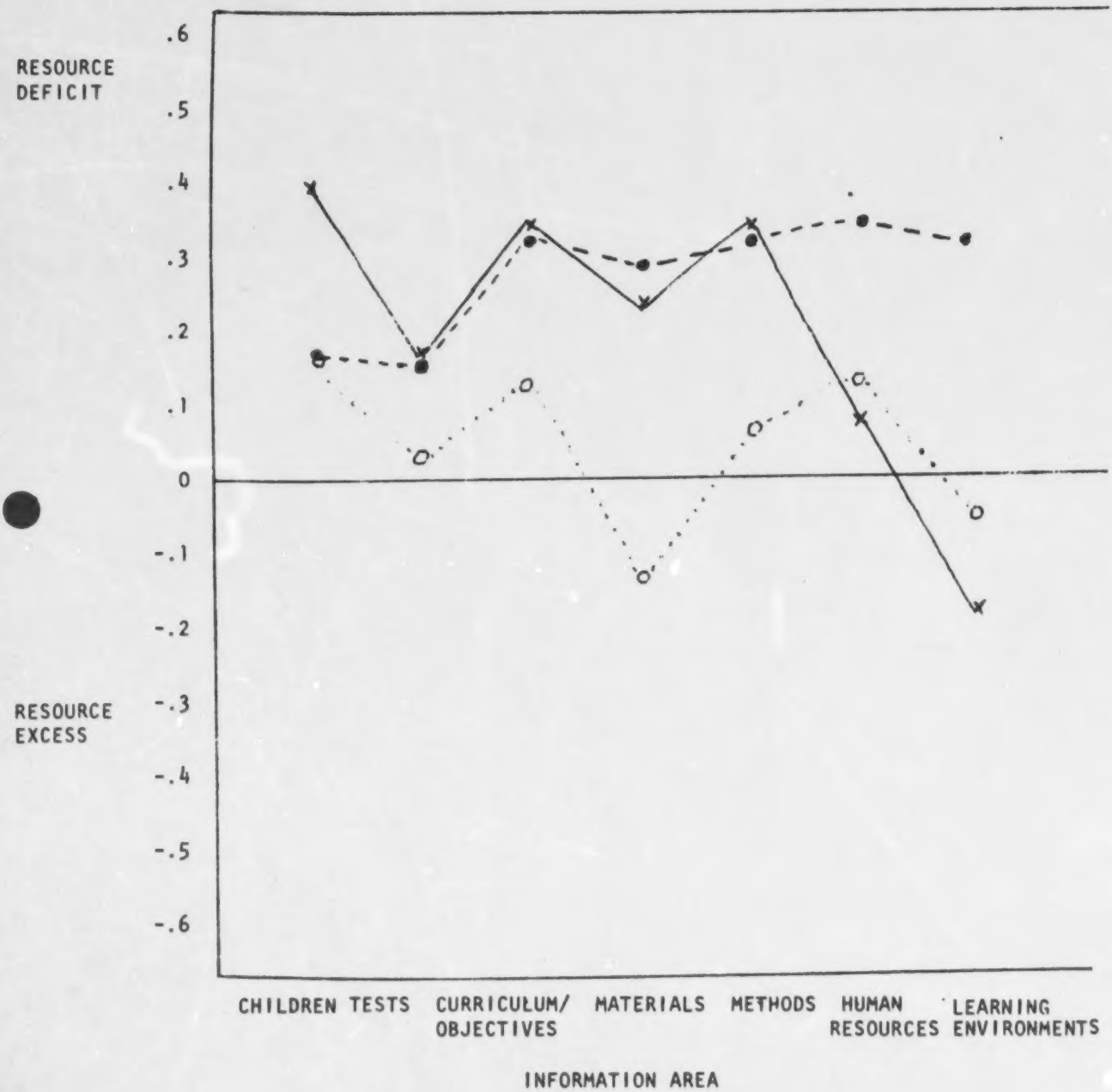


FIGURE 2

Mean Need - Availability Index For Role
By Area Of Direct Contact

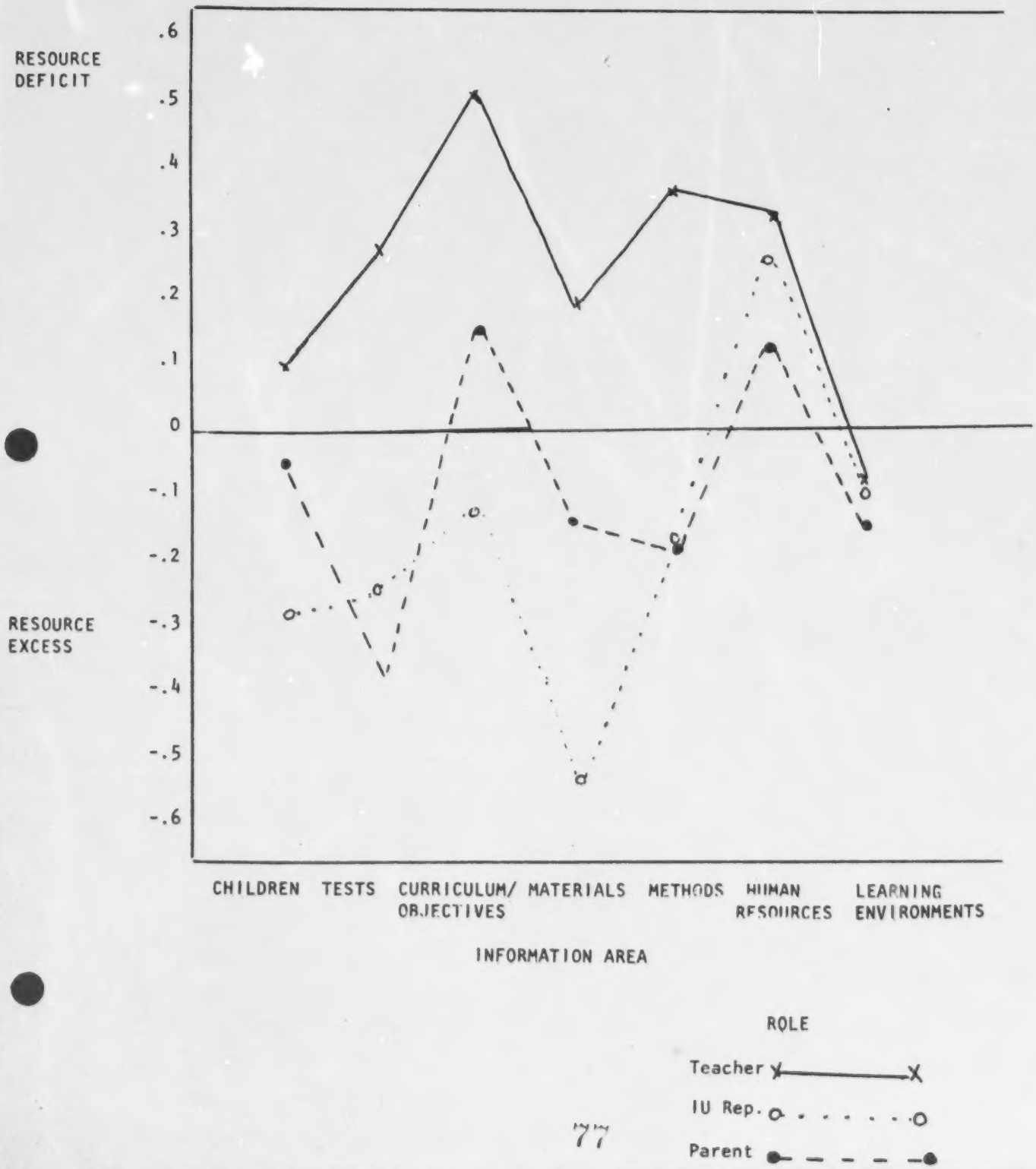
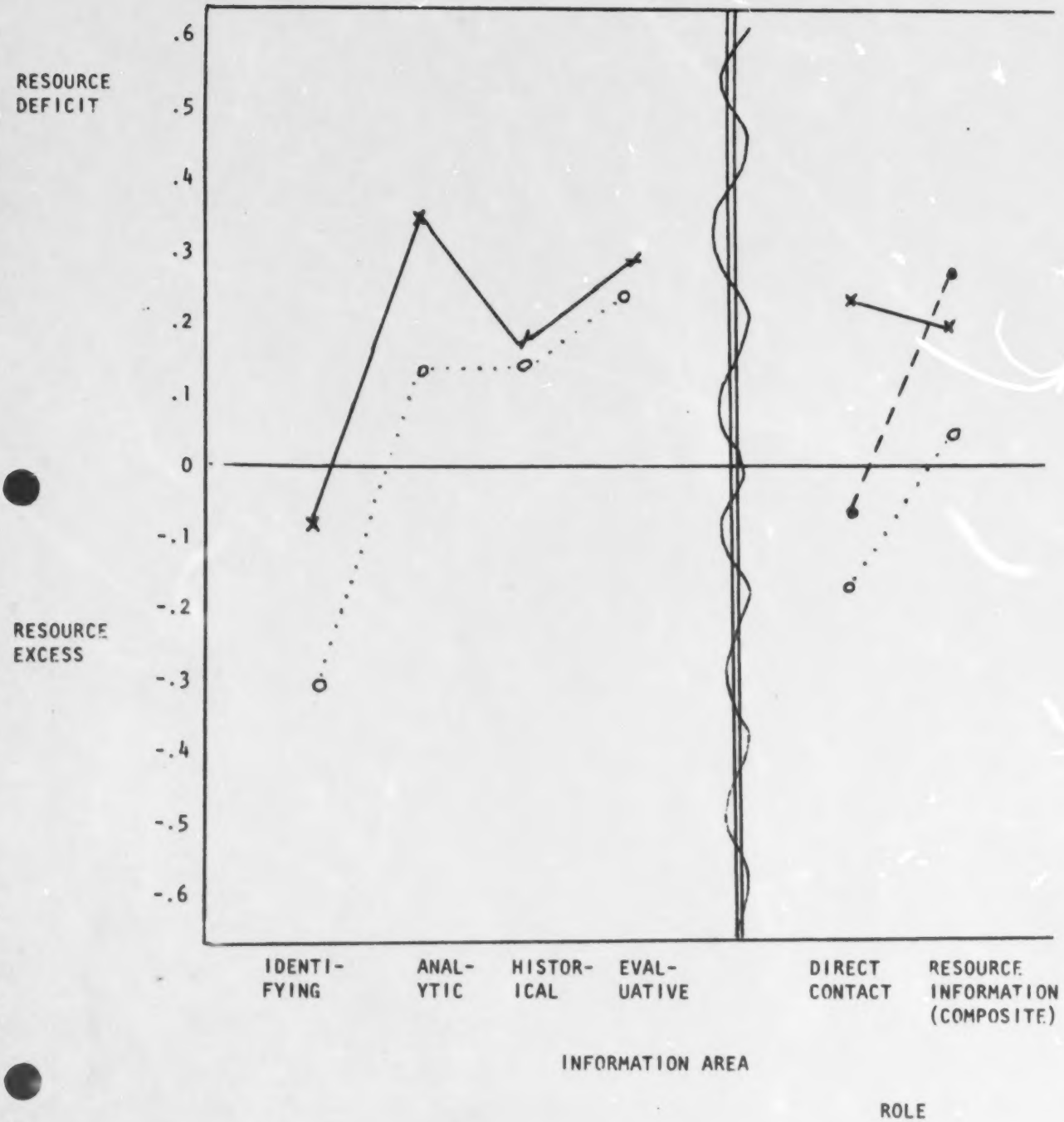


FIGURE 3

Mean Need - Availability Index For Role
By Type Of Resource



Attachment

IEP SATISFACTION SURVEY

INTRODUCTION

The Education of All Handicapped Children Act (EHA-B) of 1975, as amended by Public Law 94-142, required that by October 1, 1977, all handicapped individuals between the ages of 3 and 21 have an Individualized Education Program.

In 1976-77, Pennsylvania's 29 intermediate units (IUs) administered programs for preschool handicapped children. By January 31, 1977, individualized education program (IEP) plans were written for each child served by the preschool programs. The development of the IEPs was an integral part of a pilot study designed to determine the mechanisms that would be necessary to develop IEPs for the larger population of school-aged handicapped individuals.

CONNECT, a technical assistance project, developed a two-sided DEBE (Department of Education, Basic Education) Assurance Form, that was to be completed for every preschool handicapped child served.

In addition to the assurance form, CONNECT developed a format for recording the necessary components of the IEP. The use of the format provided by CONNECT was optional. However, each IU was required to record the present levels of educational performance, the annual goals and the short term objectives for children served in the preschool programs.

Inservices for developing IEP guidelines and data collection from the IEPs were accomplished through 4 site visits to each IU during the '76-'77 school year.

An IEP survey* was developed as a vehicle for program planners and implementors to respond to the process for developing IEP. The results of the survey also allowed for input from the local level to needed adaptations of the DEBE form and reorganization of the necessary resources in areas that the program personnel expressed needs.

*See Appendix A

DEVELOPMENT

Distribution

During May and June of 1977, surveys were distributed to the 29 intermediate units with EHA-B supported programs. Program personnel were asked to forward the survey to all staff members who were involved in the preparation and/or implementation of IEPs. In several IUs the surveys were completed during inservice training sessions. A total of 247 surveys were returned from 27 of the 29 intermediate units.

Results

The results of the survey are presented in three parts:

Part 1) overall response to each comment (statewide)

Part 2) response by role (e.g., teacher, case manager)

Part 3) response by Intermediate Unit (IU)

Within each report, the results are presented in a chart which identifies the number (N) of persons responding 0, 1, 2, 3, or 4. The percentage of responses is displayed beneath the N. A mean ($\bar{X}$) response is presented at the far right of the chart. The $\bar{X}$ is calculated using responses or 1, 2, 3, or 4 (n).

Persons participating in the survey were encouraged to clarify their response by including comments. The comments are categorized i.e. , generally positive and an example of each category is presented in the statewide report. A numeral in parenthesis preceding the category indicates the number of coments which are included in the category and are similiar to the example.

Part 2 results are displayed in the same format as Part 1 with the addition of role specification. Six roles are identified:

Teacher

Teaching Assistants

Speech Clinicians

Case Managers and IU Representatives

Program Consultants and Specialists

Psychologists and Social Workers

PART I

OVERALL RESPONSE

IEPs IN GENERAL

The first five statements of the survey addressed the rationale for developing IEPs. The majority of respondents strongly agreed that developing IEPs results in improved educational services to the child and that all preschool handicapped children should have a written plan. Again, most planners and implementors of IEPs agreed that the time used for developing IEPs was time well spent. Of all the respondents 20.3% believed that the time could have been used more constructively in instruction and not in writing. Approximately sixty percent of the respondents expressed a need for more validated assessment devices for very young children. Of all respondents 51.7% agreed that it is worthwhile to write IEPs for agency-based service, 29.3% disagreed, and 19% of all who responded to the survey circled non-applicable because the need for writing IEPs for agency-based services had not yet arisen.

1. Developing an Individualized Educational Program (IEP) plan results in improved educational services to preschool handicapped children.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	108	95	34	6	3	246	243	1.74
%	43.9	38.6	13.8	2.4	1.2			

COMMENTS

(40) GENERALLY POSITIVE WITH QUALIFICATIONS SIMILAR TO:

An IEP in and by itself doesn't improve services to preschool handicapped children. The IEP can be of value by helping staff direct their attention to specific goals and objectives needed by the child but services are only as good as the individual program and quality of staff.

(25) GENERALLY POSITIVE SIMILAR TO:

Provides the vehicle for assuring that each child has an individualized educational program.

(15) GENERALLY NEGATIVE SIMILAR TO:

I feel that the job was being done before the IEP plan existed. It has added a great deal more work and in some cases taken away from valuable class time.

(11) GENERALLY POSITIVE WITH REFERENCE TO PARENT INVOLVEMENT. SIMILAR TO:

Parents attain a clearer view of their role with their child.

2. Each handicapped preschool child should have a written IEP plan.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	139	63	23	8	2	235	233	1.57
%	59.1	26.8	9.8	3.4	0.9			

COMMENTS

(31) GENERALLY POSITIVE WITH QUALIFICATIONS SIMILAR TO:

Each child should have a written instructional program tailored to his/her individual needs. Slavish adherence to the IEP format does not mean the program is therefore improved.

(25) GENERALLY POSITIVE SIMILAR TO:

The coordination of input is necessary for implementation. The IEP affords this coordination.

(17) GENERALLY NEGATIVE SIMILAR TO:

Children's growth patterns are erratic at this age their behavior is unpredictable. IEP's tend to limit a potentially changing program or else require too much time consuming paper work to constantly revise.

(12) POSITIVE WITH REFERENCE TO STRUCTURE SIMILAR TO:

I feel that developing the IEP gave me a greater understanding of each child's level - after completing, I was much more confident in where I was going with each child.

3. Presently available assessment devices are sufficient for determining a child's present levels of educational functioning.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	33	103	63	22	7	227	220	2.34
%	14.5	44.9	27.8	9.7	3.1			

COMMENTS

(50) INDICATED DEFINITE NEED FOR MORE DEVICES SIMILAR TO:

Very few assessment devices that are properly validated span the entire range of 0- 5 C.A. which makes it very difficult for pre and post testing children for programs indicated.

(33) INDICATED SUFFICIENT TOOLS WITH QUALIFICATIONS SIMILAR TO:

Techniques and theories are sufficiently available, what is needed is more time to practice and study the knowledge base.

(13) REFERENCED SPECIFIC DEVICES SIMILAR TO:

Some still have value judgements. I question the expectations in some i.e. LAP & Portage. We are still learning about a child development and the effect of the handicaps on development.

4. Time spent in developing an IEP plan could be better utilized providing instruction.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	44	59	77	48	8	236	228	2.57
%	18.6	25.0	32.6	20.3	3.4			

COMMENTS

(45) INDICATED POSITIVE RESPONSE TO TIME SPENT SIMILAR TO:

The IEP provides a sound basis for all instruction that follows. I feel time would be wasted if instruction began before thorough assessment, etc. was completed.

(29) INDICATED NEGATIVE RESPONSE TO TIME SPENT SIMILAR TO:

IEP development takes too long. It will especially hinder those teachers who have large classrooms.

(14) INDICATED MORE TIME NEEDED SIMILAR TO:

They did take a long time to write up. Teachers should be given specific amount of office time to write.

(7) INDICATED IEP FORMAT NEEDS TO BE REVISED SIMILAR TO:

As the IEP format now stands, entirely too much time is necessary to fulfill these requirements. Revisions are necessary.

5. It is worthwhile to write an IEP for a child who receives agency-based services.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	58	67	41	30	46	242	196	2.22
%	24.0	27.7	16.9	12.4	19.0			

COMMENTS

(25) GENERALLY POSITIVE SIMILAR TO:

I believe every good teacher would plan in this manner regardless of the agency providing services.

(27) GENERALLY NEGATIVE SIMILAR TO:

The IEP should be written by the agency providing the educational services.

(19) INDICATED POSITIVE PROVIDING CONSULTATION SIMILAR TO:

As long as there was consultation done between the two agencies.

(12) GENERALLY POSITIVE WITH QUALIFICATION SIMILAR TO:

If the agency requests the service.

IEP DEVELOPMENT

The general consensus was that consultative services are valuable in developing IEPs. Most of the program personnel agreed that instructional materials and resources are sufficiently available for developing IEPs. Of the program planners who used the optional curricular program pages, the majority agreed that the format is appropriate for preschool children. Of the developers 20% disagreed with the appropriateness of the program pages and fifteen percent answered non-applicable (NA) because these programs developed their own formats.

All respondents agreed that specifying annual goals provides direction for writing short-term instructional objectives and that behaviorally-stated-short-term-instructional objectives are an asset in IEPs. Not only were short-term instructional objectives required to be written behaviorally, but an anticipated completion date was also included (e.g., During a specified time Jimmy will lace his shoe correctly four out of five times by March 20, 1977). Of those who returned the survey 33.5% agreed with the usefulness of anticipated completion dates, all other planners strongly disagreed.

Of all the program planners 35.4% strongly agreed that parents provide useful information for determining what their child can do; 40.3% also agreed with qualifications like: parents provide useful information if they can view the child as he is functioning and not where they would like their child to be. Of all the respondents 31% disliked the Assurance (DEBE) pages. All other program personnel agreed with the usefulness of the pages and a summary of the program, but suggested that the language be simplified and the planning hours, data collection and IEP development sections be deleted.

A brochure titled "An Individual Educational Program For Your Child" was developed by CONNECT in December 1976. The brochure was intended to explain the IEP to parents. For those programs that received most of their referrals during the fall of the '76-'77 school year, the brochure arrived too late.

For those programs that could use the brochure, the majority agreed that "An Individual Program For Your Child" did prove to be an aid in explaining the IEP process to parents.

Of the programs who received inservice training through Project CONNECT, the planners and implementors of IEPs agreed that CONNECT's training assisted in the development of IEPs; 21.3% of the people indicated the inservices caused more confusion than clarification. One of the basic criticisms was the changes in format and guidelines that occurred in the beginning of the school year were most confusing.

6. Ancillary services (consultants) provide useful information for the development of a child's IEP.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	129	55	22	5	23	234	211	1.54
%	55.1	23.5	9.4	2.1	9.8			

COMMENTS

(51) GENERALLY POSITIVE RESPONSE SIMILAR TO:

Specialists have made great gains in their specific descripline (medical and educational) and to combine them into a plan to meet the needs & services for a child will be crucial to future planning.

(10) GENERALLY POSITIVE WITH QUALIFYING STATEMENTS SIMILAR . TO:

Ancillary services should provide useful information but should not set format and rules.

7. Availability of instructional resources and materials is sufficient to develop an IEP for a preschool child who is handicapped.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	66	82	44	22	15	229	214	2.10.
%	28.8	35.8	19.2	9.6	6.6			

COMMENTS

(22) INDICATED SUFFICIENT RESOURCES SIMILAR TO:

There are a wealth of resources. The IEP should help the implementor identify and locate those needed to assist in implementing the plan.

(13) INDICATED SOME BUT NEED FOR MORE SIMILAR TO:

Could always use more instructional materials.

(11) INDICATED INSUFFICIENT RESOURCES:

More texts and other supplementary resources should be available. For example, steps to development in all areas from birth to preschool age.

7. Availability of instructional resources and materials is sufficient to develop an IEP for a preschool child who is handicapped.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	66	82	44	22	15	229	214	2.10.
%	28.8	35.8	19.2	9.6	6.6			

COMMENTS

(22) INDICATED SUFFICIENT RESOURCES SIMILAR TO:

There are a wealth of resources. The IEP should help the implementor identify and locate those needed to assist in implementing the plan.

(13) INDICATED SOME BUT NEED FOR MORE SIMILAR TO:

Could always use more instructional materials.

(11) INDICATED INSUFFICIENT RESOURCES:

More texts and other supplementary resources should be available. For example, steps to development in all areas from birth to preschool age.

8. The curricular program pages suggested by CONNECT are an appropriate format for developing an individualized educational program plan for a preschool child.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	30	84	43	34	41	232	191	2.42
%	12.9	36.2	18.5	14.7	17.7			

COMMENTS

(24) INDICATED DISSATISFACTION WITH FORMAT SIMILAR TO:

More flexibility is needed. Every child does not need a general "plan" which covers every area. Sometimes a more specific plan in fewer areas is more relevant and practical.

(22) INDICATED SATISFACTION WITH FORMAT WITH QUALIFICATIONS SIMILAR TO:

Appropriate but lengthy.

(17) INDICATED DECISION OF FORMAT SHOULD BE LOCAL CONCERN SIMILAR TO:

The form used should fit the needs of the local LEAs and not be dictated by other agencies.

(11) INDICATED SPACE PROVIDED INAPPROPRIATE SIMILAR TO:

Good format - not nearly enough room on the forms to adequately record skill area objectives.

9. Specifying annual goals provides direction for writing short-term instructional objectives.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	131	60	25	8	11	235	224	1.60
%	55.7	25.5	10.7	3.4	4.7			

COMMENTS

(30) INDICATED POSITIVE RESPONSE SIMILAR TO:

Definitely - gives you a means of direction.

(14) INDICATED NEGATIVE RESPONSE SIMILAR TO:

At times they can be so broad as to not aid in direction.

10. Behaviorally-stated-short-term-instructional objectives are an asset in IEPs.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	104	78	22	16	7	227	220	1.77
%	45.8	34.4	9.7	7.0	3.1			

COMMENTS

(41) GENERALLY POSITIVE RESPONSE SIMILAR TO:

It tells you exactly what you want the child to perform.

(26) GENERALLY NEGATIVE RESPONSE SIMILAR TO:

Parents had trouble understanding the wording of behavioral objectives.

11. Anticipated completion dates should be included in the short-term instructional objectives.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	32	51	59	95	8	245	237	2.92
%	13.0	20.8	24.0	38.7	3.2			

COMMENTS

(32) GENERALLY NEGATIVE SIMILAR TO:

For the children on my caseload stating completion dates is not helpful. By writing the objective in steps from easiest to difficult one can note progress from day to day. I do not feel that stating a child will accomplish said task by a certain date is useful - maybe he will and maybe he won't. One can show that progress was made if the objective is written correctly.

(29) INDICATED THAT COMPLETION DATES ARE TOO COMPLEX AND CITED INTERVENING VARIABLES SIMILAR TO:

Too many things (sporadic development, hospitalization, and weather) have to be taken into consideration. If dates are not achieved, there is too much explaining to do so that others understand that this is not necessarily the fault of the child or the educational system utilized.

(27) CITED "PRESSURE" THAT COMPLETION DATES EXERT, SIMILAR TO:

Completion dates maybe of help to a teacher working with the child but may create anxiety for the parents if a child does not complete an objective by a given date.

(12) NEED MORE FLEXIBILITY SIMILAR TO:

Time period for short-term goal completion should be used rather specific date, i.e., completion in 3-4 months as opposed to completion by June 1, 1977.

(9) GENERALLY POSITIVE SIMILAR TO:

Yes, excellent for planning purpose. Check point for unusual circumstances. Built in accountability for implementor and system.

12. Parents provide useful information for determining their child's present levels of functioning.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	88	100	46	12	2	248	246	1.93
%	35.4	40.3	18.5	4.8	0.8			

COMMENTS

(38) GENERALLY POSITIVE SIMILAR TO:

Parents certainly know their child better than anyone else. We just need to know how to state the questions to get the information.

(35) GENERALLY POSITIVE WITH QUALIFICATIONS SIMILAR TO:

Parents provide useful information if they can view the child as he is functioning not where they would like their child to be functioning.

(22) GENERALLY NEGATIVE SIMILAR TO:

Most parents I work with are not able to tell me at what level their child is functioning.

(7) INDICATED THE PARENTS DID NOT PARTICIPATE SIMILAR TO:

In the area I work in the children come from very low income families and the majority of the parents are not interested.

13. The assurance pages of the IEP plan provide a useful summary of the preschool child's program.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	43	82	35	32	24	216	192	2.29
%	19.9	37.9	16.2	14.8	11.1			

COMMENTS

(23) GENERALLY NEGATIVE SIMILAR TO:

I do not like the format. There is too much garbage on the pages. The boxes on the front, for example, are confusing.

(16) GENERALLY POSITIVE SIMILAR TO:

This part of the IEP is very important and helpful in case management and in assuring delivery and coordination of services needed.

(9) INDICATED THAT THE WORDING SHOULD BE CHANGED SIMILAR TO:

I feel the assurance pages could be converted into simpler language for the parent to understand. If the IEP is for parents, then it should be written in language they can comprehend.

14. The brochure AN INDIVIDUAL EDUCATIONAL PROGRAM FOR YOUR CHILD helps to explain the IEP process to parents.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	34	78	23	20	66	221	155	2.19
%	15.3	35.2	10.4	9.0	29.8			

COMMENTS

(27) INDICATED THEY WERE UNFAMILIAR WITH THE BROCHURE SIMILAR TO:

I don't have the brochure "An Individual Educational Program For Your Child".

(17) FELT THE BROCHURE WAS TOO HARD TO READ SIMILAR TO:

Some parents would rather hear an explanation from their child's teacher. Many parents did not understand the brochure.

(6) FELT THE BROCHURE WAS TOO VAGUE SIMILAR TO:

Was not complete enough, possibly only good for an introduction.

(5) INDICATED THAT THE BROCHURE WAS NOT AVAILABLE AT THE RIGHT TIME SIMILAR TO:

Most of our IEPs were developed by the time the brochure was printed.

15. Assistance from Project CONNECT (through inservices, etc.) aided in the developing of IEP plans for children served in the program.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	58	60	32	16	59	225	166	2.04
%	25.7	26.6	14.2	7.1	26.2			

COMMENTS

(34) GENERALLY POSITIVE SIMILAR TO·

Project CONNECT has been very helpful in providing inservices and information on IEP development, up-date and review.

(21) GENERALLY NEGATIVE SIMILAR TO:

The inservices seemed to confuse more than to help the teachers (due to the attitude which may have not been intended by CONNECT staff) that there was only one correct way to develop an IEP and only one process for presentation to parents. Perhaps a more appropriate approach to assisting teachers would have been to review the records they presently keep and assist in adapting those to meet IEP criterion.

(12) UNFAMILIAR WITH INSERVICES SIMILAR TO:

We didn't have any assistance from them to help develop IEP plans.

(9) INDICATED THAT MORE INSERVICING WAS NEEDED SIMILAR TO:

We could have used more inservice meetings to explain procedures.

IEP IMPLEMENTATION

All respondents agreed that consultants (e.g., Occupational Therapist, Physical Therapist, SP. CL) are used to implement areas of the IEP and that they took a part in planning. The only qualifications concerning using consultative services for implementing the IEP was that the lack of funds often prevents the program offering all needed services to the parent and child. A majority agreed that instructional resources and materials are available to implement IEPs. The comments indicated that the implementors believed the resources that exist are available, but because some children have very special needs, new materials need to be considered. Several responded that instructional resources and materials are sometimes inconvenient and difficult to obtain. Over seventy-percent of the participants indicated that the written IEP plan is a guideline for planning systematic daily instruction. About twenty percent addressed the IEP as "just excess paper-work." Approximately 69% of the people felt positive about the written plan enabling parents to follow their child's progress. Statements similar to: "One of the most valuable aspects of the IEP is its use as an instrument on which to base concrete discussions with parents and to help them to see progress clearly." Approximately 28% indicated that many parents were intimidated by the lengthy written form and were unable to relax. Of those implementors who responded 70% agreed that the written IEP plan does assist parents in implementing their child's educational program. They qualified their choices with comments such as: "In most cases it is an assistance, but for the teacher who must add specific instructions and training before parents can implement the program, not for the parent implementing independently."

The final section of the survey consisted of six open-ended questions or statements.

The first question (A): How would you improve the Assurance (DEBE)

form? In summarizing a number of comments, the respondents requested specific changes, these were: clearer, simpler language (get rid of jargon); add phone numbers of parents and program personnel; delete planning hours; change instructional objective revision schedule. Another request was to eliminate the 15 boxes for initials on the front side of the Assurance (DEBE) form. The rationale for the boxes is to indicate which components of The Individualized Education Program Plan, the teacher, parent, and IU representative cooperated in the planning.

The second question (B): How would you improve the CONNECT program (curricular) format: The question refers to the actual program pages that the intermediate units had the option to use. Because these program pages are optional, most of the responses pertained to how the pages were used locally. Several respondents indicated the discontinuance of the anticipated completion dates within the instructional objectives.

Statement (C): Please specify any difficulties you had in following the directions for completing an IEP, provided by CONNECT. Generally, most difficulty was in understanding directions when changes were made three times during the fall of '76. Several respondents had difficulty understarding the definition for instructional objective revision schedule, but, the majority of the program personnel stated that the guidelines were adequate.

Question (D): How could CONNECT staff improve their inservice training sessions to provide you with more individualized training? The majority addressed the possibility of writing an actual IEP in a session with program staff. A selection of sample IEP's to refer to was also requested. More inservices than twice a year and a film or slide presentation of the process of developing an IEP be produced by CONNECT, were two valid suggestions.

Question (E): In what areas (e.g., assessment, curriculum, parenting, etc.) do you perceive a need for further training? Fifty-five respondents requested inservicing in the assessment area; seventy-five requested parenting

skills; and thirty requested curriculum training. There were very few requests for any training in areas other than the examples. Five people asked for specific speech and language assessment and one request for each of the following: deaf and preverbal development, behavioral objectives, completion date projection, agency coordination, IEP orientation, and update and review procedures.

The final statement (E): Additional comments concerning the IEP process. A general concensus by respondents was that the IEP is a valuable useful, important and effective process, but the time consumption of the process is overwhelming. Many comments addressed administrative problems locally and at the state level. Problems concerning money, local policies and management of the IEP's, need to be solved.

16. Consultants (ancillary services, etc.) are used to implement portions of the child's IEP as stated in the written plan.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	84	70	25	11	37	227	190	1.81
%	37.0	30.8	11.0	4.8	16.2			

COMMENTS

(36) GENERALLY POSITIVE SIMILAR TO:

In most cases these are the people who have the most positive input.

(22) GENERALLY NEGATIVE SIMILAR TO:

My experience has been that the services are too slow in reaching the child to be of any value.

(5) GENERALLY POSITIVE WITH QUALIFICATIONS SIMILAR TO:

They should be used but lack of money and resources often prevent the program from offering these to the parents and children.

17. Instructional resources and materials are available to implement an IEP.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	89	99	28	9	15	240	225	1.81
%	37.0	41.2	11.6	3.7	6.2			

COMMENTS

(14) INDICATED THAT MORE MATERIALS ARE NEEDED SIMILAR TO:

Because some children have very special, special needs, new materials developed specifically for them need to be considered.

(14) GENERALLY POSITIVE SIMILAR TO:

In my specific program, I can state this is true.

(6) GENERALLY NEGATIVE SIMILAR TO:

Instructional resources and materials are sometimes inconvenient and difficult to obtain.

(5) INDICATED THAT TEACHER-MADE MATERIALS ARE MOST OFTEN USED SIMILAR TO:

Resource materials are available, but commercial student materials are lacking. Teacher-made materials have enhanced the implementation of the IEP.

18. The written IEP plan is a guideline for planning systematic daily instruction.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{x}$
N	91	80	32	19	11	233	222	1.91.
%	39.0	34.3	13.7	8.1	4.7			

COMMENTS

(32) GENERALLY POSITIVE SIMILAR TO:

It has made my daily lesson planning much easier and I am sure much more effective.

(14) GENERALLY NEGATIVE SIMILAR TO:

That may be the intent of a written plan, but the reality of the situation is vastly different. The fact that instructional services are rendered in group situations and that early childhood development is rapid & sporadic often relegate the written plan to mere paper-work.

19. The written IEP plan enables parents to follow their child's progress.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	75	85	43	23	6	232	226	2.06
%	32.3	36.6	18.5	9.9	2.5			

COMMENTS

(43) GENERALLY POSITIVE SIMILAR TO:

One of the most valuable aspects of IEP in my opinion is its use as an instrument on which to base concrete discussions with parents and to help them to see clearly progress or non-progress.

(17) CITED PROBLEMS RELEVANT TO "TRANSLATING IEPs SIMILAR TO:

Many parents find the lengthy written forms so intimidating they are unable to relax or follow the teacher's explanation. Often just talking with the teacher and directly observing their child in the learning situation would be more meaningful and more appreciated by the parent.

(13) GENERALLY NEGATIVE SIMILAR TO:

The parent conference on a regular basis is more helpful than looking at the written IEP.

(7) INDICATED THAT THE IEP WAS HELPFUL IN PART SIMILAR TO:

Some parents need a great degree of explanation and do not fully understand the developmental levels and sequence of their child.

20. The written IEP plan enables parents to assist in the implementation of their child's program.

	SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
N	83	81	43	19	8	234	226	1.99
%	35.4	34.6	18.3	8.1	3.4			

COMMENTS

(26) INDICATED THE IEP ENABLES PARENTS WITH ASSISTANCE SIMILAR TO:

Serves as a basis on to which the teacher may add specific instructions for parental assistance. Most parents are not already trained to implement without supervision.

(21) INDICATED THAT SOME PARENTS COULD IMPLEMENT SIMILAR TO:

In most cases - however some parents are not cooperative or able to carry on home educational programs.

(14) GENERALLY NEGATIVE SIMILAR TO:

The written IEP does not outline the plan for home treatment, it merely gives the parents an overview of the professionals goals and methods of serving their child.

(11) GENERALLY POSITIVE SIMILAR TO:

Yes, I used this as a guideline for ongoing activities in the home.

PART II

RESPONSE BY ROLE

IEPs IN GENERAL

The first five statements of the survey addressed the rationale for developing IEPs. Respondents in all roles indicated a strong agreement with the statements that all handicapped preschool children should have a written IEP plan and that the development of the plan results in improved educational services. All roles agreed that assessment devices are not sufficiently available in order to determine a child's present level of educational performance.

Speech clinicians agreed with the statement that time spent developing the IEP plan could be better utilized providing instructions. All other roles strongly disagreed with the statement.

Psychologists and social workers strongly agreed with the statement that writing IEPs is worthwhile for receiving agency-based services. All other roles disagreed with the statement but not as strongly

1. Developing an Individualized Educational Program (IEP) plan results in improved educational services to preschool handicapped children.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	62	40	14	5	0	121	121	1.69
	%	51.2	33.1	11.6	4.1	0			
TEACHING ASSISTANTS	N	6	6	3	0	3	18	15	1.90
	%	33.3	33.3	16.7	0	16.7			
SPEECH CLINICIANS	N	9	18	6	1	0	34	34	1.97
	%	26.5	52.9	17.6	2.9	0			
CASE MANAGERS and IU REPS.	N	12	12	1	0	0	25	25	1.52
	%	48.0	48.0	4.0	0	0			
PROGRAM CONSULTANTS and SPECIALISTS	N	9	12	8	0	0	29	29	1.97
	%	31.0	41.4	27.6	0	0			
PSYCHOLOGISTS and SOCIAL WORKERS	N	10	7	2	0	0	19	19	1.58
	%	52.6	36.8	10.5	0	0			
							TOTAL N	TOTAL n	GRAND $\bar{X}$
							246	243	1.74

2. Each handicapped preschool child should have a written IEP plan.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	71	33	7	5	0	116	116	1.53
	%	61.2	28.4	6.0	4.3	0			
TEACHING ASSISTANTS	N	10	5	0	0	1	16	15	1.33
	%	62.5	31.3	0	0	6.3			
SPEECH CLINICIANS	N	14	11	6	2	1	34	33	1.88
	%	41.2	32.4	17.6	5.9	2.9			
CASE MANAGERS and IU REPS.	N	15	4	3	1	0	23	23	1.57
	%	65.2	17.4	13.0	4.3	0			
PROGRAM CONSULTANTS and SPECIALISTS	N	15	7	6	0	0	28	28	1.68
	%	53.6	25.0	21.4	0	0			
PSYCHOLOGISTS and SOCIAL WORKERS	N	14	3	1	0	0	18	18	1.28
	%	77.8	16.7	5.6	0	0			

TOTAL N	TOTAL n	GRAND $\bar{X}$
235	233	1.57

3. Presently available assessment devices are sufficient for determining a child's levels of educational functioning.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	17	48	32	11	1	109	108	2.34
	%	15.6	44.0	29.4	10.1	9.0			
TEACHING ASSISTANTS	N	1	10	3	1	2	17	15	2.27
	%	5.9	58.8	17.6	5.9	11.8			
SPEECH CLINICIANS	N	5	13	10	5	0	33	33	2.46
	%	15.2	39.4	30.3	15.2	0			
CASE MANAGERS and IU REPS.	N	4	12	4	2	1	23	22	2.18
	%	17.4	52.2	17.4	8.7	4.3			
PROGRAM CONSULTANTS and SPECIALISTS	N	5	11	7	2	3	28	25	2.24
	%	17.9	39.3	25.0	7.1	10.7			
PSYCHOLOGISTS and SOCIAL WORKERS	N	1	8	7	1	0	17	17	2.47
	%	5.9	47.1	41.2	5.9	0			
							TOTAL N	TOTAL n	GRAND $\bar{X}$
							227	220	2.34

4. Time spent in developing an IEP plan could be better utilized providing instruction.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	18	31	38	27	3	117	114	2.65
	%	15.4	26.5	32.5	23.1	2.6			
TEACHING ASSISTANTS	N	3	5	4	2	2	16	14	2.36
	%	18.8	31.3	25.0	12.5	12.5			
SPEECH CLINICIANS	N	15	7	8	2	1	33	32	1.91
	%	45.5	21.2	24.2	6.1	3.0			
CASE MANAGERS and IU REPS.	N	2	7	10	5	1	25	24	2.75
	%	8.0	28.0	40.0	20.0	4.0			
PROGRAM CONSULTANTS and SPECIALISTS	N	4	6	11	7	1	29	28	2.75
	%	13.8	20.7	37.9	24.1	3.4			
PSYCHOLOGISTS and SOCIAL WORKERS	N	2	3	6	5	0	16	16	2.88
	%	12.5	18.8	37.5	31.3	0			

TOTAL N	TOTAL n	GRAND $\bar{X}$
236	228	2.57

5. It is worthwhile to write an IEP for a child who receives agency-based services.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	35	32	16	21	25	129	104	2.22
	%	27.1	24.8	12.4	16.3	19.4			
TEACHING ASSISTANTS	N	2	4	4	0	4	14	10	2.20
	%	14.3	28.6	28.6	0	28.6			
SPEECH CLINICIANS	N	4	12	4	2	11	33	22	2.18
	%	12.1	36.4	12.1	6.1	33.3			
CASE MANAGERS and IU REPS.	N	4	7	6	5	1	23	22	2.55
	%	17.4	30.4	26.1	21.7	4.3			
PROGRAM CONSULTANTS and SPECIALISTS	N	5	5	10	2	5	27	22	2.41
	%	18.5	18.5	37.0	7.4	18.5			
PSYCHOLOGISTS and SOCIAL WORKERS	N	8	7	1	0	0	16	16	1.56
	%	50.0	43.8	6.3	0	0			
							TOTAL N 242	TOTAL n 196	GRAND $\bar{X}$ 2.22

IEP DEVELOPMENT

It is interesting to note, of the program planners, all of the psychologists and social workers who responded to the survey agreed that consultants provide useful information for the development of a child's IEP. Only teaching assistants, 33.3% felt that information from consultants was not useful. Of the planners who responded, the teachers, who plan the majority of the IEPs believed that instructional resources are sufficient for developing an IEP. Only psychologists and social workers disagreed. Of the programs that adopted the CONNECT curricular program pages, 68% of the case managers and IU representatives, agreed that the format is appropriate for developing an IEP for a preschool child.

The concensus was positive for stating annual goals and short-term-instructional objectives, but only the case managers and IU representatives, 52% agreed with including anticipated completion dates in the short-term instructional objectives. All planners agreed that parents provided useful information concerning their child's present level of educational functioning.

Only case managers and IU representatives were divided on the usefulness of the assurance pages of the IEP plan as a summary of the child's program, 43.3% agreed and 43.3% disagreed. All others agreed that the assurance pages are useful.

A brochure "An Individual Educational Program For Your Child" was developed in December 1976, by CONNECT. Many teachers, teaching assistants and speech clinicians never saw the brochure. Only case managers and IU representatives again, agreed that the brochure helped to explain the IEP process to parents.

Of the IUs who received inservicing on developing IEPs from Project CONNECT, the case managers and IU representatives strongly agreed that the inservices aided in the developing of IEPs for children served. Many

of the respondents circled (0) not applicable, because they received no inservicing.

6. Ancillary servcies (consultants) provide useful information for the development of a child's IEP.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	66	30	10	3	11	120	109	1.54
	%	55.0	25.0	8.3	2.5	9.2			
TEACHING ASSISTANTS	N	3	1	4	0	4	12	8	2.13
	%	25.0	8.3	33.3	0	33.3			
SPEECH CLINICIANS	N	14	11	2	0	6	33	27	1.56
	%	42.4	33.3	6.1	0	18.2			
CASE MANAGERS and IU REPS.	N	14	8	2	1	0	25	25	1.60
	%	56.0	32.0	8.0	4.0	0			
PROGRAM CONSULTANTS and SPECIALISTS	N	18	2	4	1	2	27	25	1.52
	%	66.7	7.4	14.8	3.7	7.4			
PSYCHOLOGISTS and SOCIAL WORKERS	N	14	3	0	0	0	17	17	1.18
	%	82.4	17.6	0	0	0			

TOTAL N	TOTAL n	GRAND $\bar{X}$
234	211	1.54

7. Availability of instructional resources and materials is sufficient to develop an IEP for a preschool child who is handicapped.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	29	47	19	12	5	112	107	2.13
	%	25.9	42.0	17.0	10.7	4.5			
TEACHING ASSISTANTS	N	6	4	3	2	1	16	15	2.07
	%	37.5	25.0	18.8	12.5	6.3			
SPEECH CLINICIANS	N	14	8	8	2	1	33	32	1.94
	%	42.4	24.2	24.2	6.1	3.0			
CASE MANAGERS and IU REPS.	N	9	6	4	2	3	24	21	1.95
	%	37.5	25.0	16.7	8.3	12.5			
PROGRAM CONSULTANTS and SPECIALISTS	N	6	13	4	1	4	28	24	2.00
	%	21.4	46.4	14.3	3.6	14.3			
PSYCHOLOGISTS and SOCIAL WORKERS	N	2	4	6	3	1	16	15	2.67
	%	12.5	25.0	37.5	18.8	6.3			
							TOTAL N	TOTAL n	GRAND $\bar{X}$
							229	214	2.10

8. The curricular program pages suggested by CONNECT are an appropriate format for developing an individualized educational program for a preschool child.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	15	40	23	17	19	114	95	2.44
	%	13.2	35.1	20.2	14.9	16.7			
TEACHING ASSISTANTS	N	2	5	4	1	3	15	12	2.33
	%	13.3	33.3	26.7	6.7	20.0			
SPEECH CLINICIANS	N	4	13	3	9	4	33	29	2.59
	%	12.1	39.4	9.1	27.3	12.1			
CASE MANAGERS and IU REPS.	N	5	12	3	2	3	25	22	2.09
	%	20.0	48.0	12.0	8.0	12.0			
PROGRAM CONSULTANTS and SPECIALISTS	N	1	11	7	4	6	29	23	2.61
	%	3.4	37.9	24.1	13.8	20.7			
PSYCHOLOGISTS and SOCIAL WORKERS	N	3	3	3	1	6	16	10	2.20
	%	18.8	18.8	18.8	6.3	37.5			
							TOTAL N	TOTAL n	GRAND $\bar{X}$
							232	191	2.42

9. Specifying annual goals provides direction for writing short-term instructional objectives.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	70	34	7	3	0	114	114	1.50
	%	61.4	29.8	6.1	2.6	0			
TEACHING ASSISTANTS	N	11	0	1	1	2	15	13	1.39
	%	73.3	0	6.7	6.7	13.3			
SPEECH CLINICIANS	N	16	11	7	1	0	35	35	1.80
	%	45.7	31.4	20.0	2.9	0			
CASE MANAGERS and IU REPS.	N	14	4	6	0	2	26	24	1.67
	%	53.8	15.4	23.1	0	7.7			
PROGRAM CONSULTANTS and SPECIALISTS	N	12	8	3	2	3	28	25	1.80
	%	42.9	28.6	10.7	7.1	10.7			
PSYCHOLOGISTS and SOCIAL WORKERS	N	8	3	1	1	4	17	13	1.62
	%	47.1	17.6	5.9	5.9	23.5			
							TOTAL N	TOTAL n	GRAND $\bar{X}$
							235	224	1.60

10. Behaviorally-stated-short-term-instructional objectives are an asset in IEPs.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	51	41	11	10	0	113	113	1.82
	%	45.1	36.3	9.7	8.8	0			
TEACHING ASSISTANTS	N	4	6	2	1	2	15	13	2.00
	%	26.7	40.0	13.3	6.7	13.3			
SPEECH CLINICIANS	N	11	11	6	3	0	31	31	2.03
	%	35.5	35.5	19.4	9.7	0			
CASE MANAGERS and IU REPS.	N	15	7	1	0	0	23	23	1.39
	%	65.2	30.4	4.3	0	0			
PROGRAM CONSULTANTS and SPECIALISTS	N	15	8	1	0	4	28	24	1.42
	%	53.6	28.6	3.6	0	14.3			
PSYCHOLOGISTS and SOCIAL WORKERS	N	8	5	1	2	1	17	16	1.81
	%	47.1	29.4	5.9	11.8	5.9			
							TOTAL N	TOTAL n	GRAND $\bar{X}$
							227	220	1.77

11. Anticipated completion dates should be included in the short-term instructional objectives.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	16	29	28	54	0	127	127	2.95
	%	12.5	22.8	22.0	42.5	0			
TEACHING ASSISTANTS	N	3	3	2	4	2	14	12	2.58
	%	21.4	21.4	14.2	28.5	14.2			
SPEECH CLINICIANS	N	4	1	12	16	0	33	33	3.21
	%	12.1	3.0	36.3	48.4	0			
CASE MANAGERS and IU REPS.	N	5	8	3	8	1	25	24	2.58
	%	20.0	32.0	12.0	32.0	4.0			
PROGRAM CONSULTANTS and SPECIALISTS	N	3	5	10	8	3	29	26	2.89
	%	10.3	17.2	34.4	27.5	10.3			
PSYCHOLOGISTS and SOCIAL WORKERS	N	1	5	4	5	2	17	15	2.87
	%	5.8	29.4	23.5	29.4	11.7			

TOTAL N	TOTAL n	GRAND $\bar{X}$
245	237	2.92

12. Parents provide useful information for determining their child's present levels of functioning.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	50	48	22	3	0	123	123	1.82
	%	40.6	39.0	17.8	2.4	0			
TEACHING ASSISTANTS	N	5	7	3	1	1	17	16	2.00
	%	29.4	41.1	17.6	5.8	5.8			
SPEECH CLINICIANS	N	4	17	12	5	0	38	38	2.47
	%	10.5	44.7	31.5	13.1	0			
CASE MANAGERS and IU REPS.	N	10	13	1	0	0	24	24	1.63
	%	41.6	54.1	4.1	0	0			
PROGRAM CONSULTANTS and SPECIALISTS	N	14	9	5	0	1	29	28	1.68
	%	48.2	31.0	17.2	0	3.4			
PSYCHOLOGISTS and SOCIAL WORKERS	N	5	6	3	3	0	17	17	2.24
	%	29.4	35.2	17.6	17.6	0			

TOTAL N	TOTAL n	GRAND $\bar{X}$
248	246	1.93

13. The assurance pages of the IEP plan provide a useful summary of the preschool child's program.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	22	47	19	13	7	108	101	2.23
	%	20.3	43.5	17.5	12.0	6.4			
TEACHING ASSISTANTS	N	3	4	0	1	2	10	8	1.88
	%	30.0	40.0	0	10.0	20.0			
SPEECH CLINICIANS	N	4	13	8	5	3	33	30	2.47
	%	12.1	39.3	24.2	15.1	9.0			
CASE MANAGERS and IU REPS.	N	6	4	2	8	3	23	20	2.60
	%	26.0	17.3	8.6	34.7	13.0			
PROGRAM CONSULTANTS and SPECIALISTS	N	5	8	5	4	3	25	22	2.36
	%	20.0	32.0	20.0	16.0	12.0			
PSYCHOLOGISTS and SOCIAL WORKERS	N	3	6	1	1	6	17	11	2.00
	%	17.6	38.2	5.8	5.8	35.2			
							TOTAL N 216	TOTAL n 192	GRAND $\bar{X}$ 2.29

14. The brochure AN INDIVIDUAL EDUCATIONAL PROGRAM FOR YOUR CHILD helps to explain the IEP process to parents.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	14	39	10	10	37	110	73	2.22
	%	12.7	35.4	9.0	9.0	33.6			
TEACHING ASSISTANTS	N	2	6	1	2	4	15	11	2.27
	%	13.3	40.0	6.6	13.3	26.6			
SPEECH CLINICIANS	N	4	5	3	5	13	30	17	2.53
	%	13.3	16.6	10.0	16.6	43.3			
CASE MANAGERS and IU REPS.	N	7	11	3	2	2	25	23	2.00
	%	28.0	44.0	12.0	8.0	8.0			
PROGRAM CONSULTANTS and SPECIALISTS	N	5	12	4	1	4	26	22	2.05
	%	19.2	46.1	15.3	3.8	15.3			
PSYCHOLOGISTS and SOCIAL WORKERS	N	2	5	2	0	6	15	9	2.00
	%	13.3	33.3	13.3	6.0	40.0			
							TOTAL N 221	TOTAL n 155	GRAND $\bar{X}$ 2.19

15. Assistance from Project CONNECT (through inservices, etc.) aided in the developing of IEP plans for children served in the program.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	22	26	18	8	36	110	74	2.16
	%	20.0	23.6	16.3	7.2	32.7			
TEACHING ASSISTANTS	N	4	6	2	0	4	16	12	1.83
	%	25.0	37.5	12.5	0	25.0			
SPEECH CLINICIANS	N	4	7	6	4	8	29	21	2.48
	%	13.7	24.1	20.6	13.7	27.5			
CASE MANAGERS and IU REPS.	N	17	5	1	1	1	25	24	1.42
	%	68.0	20.0	4.0	4.0	4.0			
PROGRAM CONSULTANTS and SPECIALISTS	N	7	12	5	3	1	28	27	2.15
	%	25.0	42.8	17.8	10.7	3.5			
PSYCHOLOGISTS and SOCIAL WORKERS	N	4	4	0	0	9	17	8	1.50
	%	23.5	23.5	0	0	52.9			
							TOTAL N	TOTAL n	GRAND $\bar{X}$
							225	166	2.04

IEP IMPLEMENTATION

The remaining five statements of the survey address the implementation of the written IEP plan. All respondents, agreed that consultants implement portions of the IEP as stated in the written plan. Of the teaching assistants who responded, 40% felt the statement did not apply to them. All program personnel felt that instructional resources and materials are available to implement an IEP. Of the speech clinicians who responded, 42.3% did not agree that the written plan is a guideline for systematic daily instruction, all other respondents felt it is a guideline. All of the respondents with the exception of speech clinicians, strongly agreed that the written IEP plan enables parents to follow their child's progress and assist in the implementation of their child's program. Speech clinicians were cautious with their responses, 56% agreed with the statement while 40% disagreed that the written plan enables parents to see progress and implement the program for their children.

16. Consultants (ancillary services, etc) are used to implement portions of the child's IEP as stated in the written plan.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	39	42	14	5	14	114	100	1.85
	%	34.2	36.8	12.2	4.3	12.1			
TEACHING ASSISTANTS	N	3	2	3	1	6	15	9	2.22
	%	20.0	13.3	20.0	6.6	40.0			
SPEECH CLINICIANS	N	9	6	7	0	6	28	22	1.91
	%	32.1	21.4	25.0	0	21.4			
CASE MANAGERS and IU REPS.	N	12	7	0	1	4	24	20	1.50
	%	50.0	29.1	0	4.1	16.6			
PROGRAM CONSULTANTS and SPECIALISTS	N	15	5	1	4	4	29	25	1.76
	%	51.7	17.2	3.4	13.7	13.7			
PSYCHOLOGISTS and SOCIAL WORKERS	N	6	8	0	0	3	17	14	1.57
	%	35.2	47.0	0	0	17.6			

TOTAL N	TOTAL n	GRAND $\bar{X}$
227	190	1.81

17. Instructional resources and materials are available to implement an IEP.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	46	56	15	4	3	124	121	1.81
	%	37.0	45.1	12.0	3.2	2.4			
TEACHING ASSISTANTS	N	4	8	1	1	1	15	14	1.93
	%	26.6	53.3	6.6	6.6	6.6			
SPEECH CLINICIANS	N	12	10	6	3	0	31	31	2.00
	%	38.7	32.2	19.3	9.6	0			
CASE MANAGERS and IU REPS.	N	13	7	2	0	3	25	22	1.50
	%	52.0	28.0	8.0	0	12.0			
PROGRAM CONSULTANTS and SPECIALISTS	N	12	7	3	1	6	29	23	1.70
	%	41.3	24.1	10.3	3.4	20.6			
PSYCHOLOGISTS and SOCIAL WORKERS	N	2	11	1	0	2	16	14	1.93
	%	12.5	68.7	6.2	0	12.5			
							TOTAL N	TOTAL n	GRAND $\bar{X}$
							240	225	1.81

19. The written IEP plan enables parents to follow their child's progress.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	37	47	19	12	1	116	115	2.05
	%	31.8	40.5	16.3	10.3	0.8			
TEACHING ASSISTANTS	N	6	4	2	1	1	14	13	1.85
	%	42.8	28.5	14.2	7.1	7.1			
SPEECH CLINICIANS	N	6	12	8	6	0	32	32	2.44
	%	18.7	37.5	25.0	18.7	0			
CASE MANAGERS and IU REPS.	N	11	6	6	0	1	24	23	1.78
	%	45.8	25.0	25.0	0	4.1			
PROGRAM CONSULTANTS and SPECIALISTS	N	8	10	5	3	2	28	26	2.12
	%	28.5	35.7	17.8	10.7	7.1			
PSYCHOLOGISTS and SOCIAL WORKERS	N	7	6	3	1	1	18	17	1.88
	%	38.8	33.3	16.6	5.5	5.5			
							TOTAL N	TOTAL n	GRAND $\bar{X}$
							232	226	2.06

18. The written IEP plan is a guideline for planning systematic daily instruction.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	56	38	14	9	0	117	117	1.80
	%	47.8	32.4	11.9	7.6	0			
TEACHING ASSISTANTS	N	3	7	2	1	2	15	13	2.07
	%	20.0	46.6	13.3	6.6	13.3			
SPEECH CLINICIANS	N	7	12	8	6	0	33	33	2.39
	%	21.2	36.3	24.2	18.1	0			
CASE MANAGERS and IU REPS.	N	9	8	3	1	3	24	21	1.81
	%	37.5	33.3	12.5	4.1	12.5			
PROGRAM CONSULTANTS and SPECIALISTS	N	10	10	3	1	3	27	24	1.79
	%	37.0	37.0	11.1	3.7	11.1			
PSYCHOLOGISTS and SOCIAL WORKERS	N	6	5	2	1	3	17	14	1.86
	%	35.2	29.4	11.7	5.8	17.6			
							TOTAL N	TOTAL n	GRAND $\bar{X}$
							233	222	1.91

20. The written IEP plan enables parents to assist in the implementation of their child's program.

		SA 1	2	3	SD 4	N/A 0	N	n	$\bar{X}$
TEACHERS	N	49	40	19	8	3	119	116	1.88
	%	41.1	33.6	15.9	6.7	2.5			
TEACHING ASSISTANTS	N	7	5	3	0	1	16	15	1.73
	%	43.7	31.2	18.7	0	6.2			
SPEECH CLINICIANS	N	7	10	6	6	1	30	29	2.38
	%	23.3	33.3	20.0	20.0	3.3			
CASE MANAGERS and IU REPS.	N	9	7	6	2	1	25	24	2.04
	%	36.0	28.0	24.0	8.0	4.0			
PROGRAM CONSULTANTS and SPECIALISTS	N	7	12	5	1	2	27	25	2.00
	%	25.9	44.4	18.5	3.7	7.4			
PSYCHOLOGISTS and SOCIAL WORKERS	N	4	7	4	2	0	17	17	2.24
	%	23.5	41.1	23.5	11.7	0			
							TOTAL N	TOTAL n	GRAND $\bar{X}$
							234	226	1.99

CONCLUSIONS

Although the results of the survey proved to be most useful in planning for the 1977-78 school year, there were several limitations to be aware of. The survey deals with perceptions, therefore, it is impossible to conclude that the IEP was actually used in the manner indicated by the respondents.

The procedure that was used in the distribution of the survey and the nature by which data was collected, allowed the more active EHA-B programs to be over-represented. Because of these variables there may be a need to conduct this type of survey in a more controlled fashion.

Most of the changes on the Assurance Pages (DEBE)* and the curricular program pages** were made as requested by the IU program personnel. These changes on the assurance pages are: clearer, simpler language; phone numbers of parents and program personnel added; planning hours section optional for planners to complete; and update and review date section added. The curricular program pages were changed to include simpler clearer language; more space for each curricular area; and anticipated completion dates will be indicated by a range of time (e.g. May, June 1978) or to month and year (e.g. May, 1978). The specific day need not be stated. A sample IEP booklet describing all inservices that are available to IEP planners and implementors were developed and disseminated to all 29 EHA-B programs.

A similar survey will be distributed at the conclusion of the 1977-78 school year for planning determining purposes for the next program year.

* See Appendix B
** See Appendix C

APPENDIX A

IEP SURVEY

The following information is necessary for analyzing the IEP satisfaction survey. Please check the appropriate title. Individuals may check more than one area of responsibility.

IU_____ Date:_____

Responsibility:

_____Case Manager

_____Information Manager

_____Educational Supervisor

Teacher:

_____Classroom

_____Home Bound

_____Itinerant

_____Aide/Assistant

_____Other (Specify)_____

_____Other (Specify)_____

Consultants:

_____Occupational Therapist

_____Physical Therapist

_____Psychologist

_____Social Worker

_____Other (Specify)_____

_____Other (Specify)_____

_____Number of IEP plans for handicapped preschool children you participated in collecting data (assessment).

_____Number of IEP plans for handicapped preschool children you participated in developing (plan writing).

_____Total number of IEP plans for handicapped preschool children you planned (data collection and development).

_____Number of IEP plans for handicapped preschool children you implement directly (teacher/assistant, P.T., O.T., speech clinician, etc.).

_____Number of IEP plans for handicapped preschool children you implement indirectly (consultation to teacher).

Circle the number that indicates the level in which you agree or disagree. Expand your response with comments in the space provided. Circle (1) unber "not applicable" for questions that do not apply to your situation.

Sample Statement

Eliminating "professional jargon" in a preschool child's Individualized Educational Program plan is a positive method for involving parents.

strongly disagree 4 3 2 1 strongly agree not applicable 0

Comments: There is some difficulty eliminating all jargon because the assurance and program format pages contain language which parents may not understand (e.g., cognitive, environment).

IEPs in General

1. Developing an Individualized Educational Program (IEP) plan results in improved educational service to preschool handicapped children.

strongly disagree 4 3 2 1 strongly agree not applicable 0

Comments:

2. Each handicapped preschool child should have a written IEP plan.

strongly disagree 4 3 2 1 strongly agree not applicable 0

Comments:

3. Presently available assessment devices are sufficient for determining a child's present levels of educational functioning.

strongly disagree 4 3 2 1 strongly agree not applicable 0

Comments:

4. Time spent in developing an IEP plan could be better utilized providing instruction.

strongly agree 1 2 3 4 strongly disagree not applicable 0

Comments:

5. It is worthwhile to write an IEP for a child who receives agency-based services.

strongly agree 1 2 3 4 strongly disagree not applicable 0

Comments:

IEP Development

6. Ancillary services (consultants) provide useful information for the development of a child's IEP.

strongly disagree 4 3 2 1 strongly agree not applicable 0

Comments:

7. Availability of instructional resources and materials is sufficient to develop an IEP for a preschool child who is handicapped.

strongly disagree 4 3 2 1 strongly agree not applicable 0

Comments:

8. The curricular program pages suggested by CONNECT are an appropriate format for developing an individualized educational program plan for a preschool child.

strongly agree 1 2 3 4 strongly disagree not applicable 0

Comments:

9. Specifying annual goals provides direction for writing short-term-instructional objectives.

strongly disagree 4 3 2 1 strongly agree not applicable 0

Comments:

10. Behaviorally-stated-short-term-instructional objectives are an asset in IEPs.

strongly disagree 4 3 2 1 strongly agree not applicable 0

Comments:

11. Anticipated completion dates should be included in the short-term instructional objectives.

strongly disagree 4 3 2 1 strongly agree not applicable 0

Comments:

12. Parents provide useful information for determining their child's present levels of functioning.

strongly agree 1 2 3 4 strongly disagree not applicable 0

Comments:

13. The assurance pages of the IEP plan provide a useful summary of the preschool child's program.

strongly disagree 4 3 2 1 strongly agree not applicable 0

Comments:

14. The brochure AN INDIVIDUAL EDUCATIONAL PROGRAM FOR YOUR CHILD helps to explain the IEP process to parents.

strongly disagree 4 3 2 1 strongly agree not applicable 0

Comments:

15. Assistance from Project CONNECT (through inservices, etc.) aided in the developing of IEP plans for children served in the program.

strongly disagree 4 3 2 1 strongly agree not applicable 0

Comments:

IEP Implementation

16. Consultants (ancillary services, etc.) are used to implement portions of the child's IEP as stated in the written plan.

strongly disagree 4 3 2 1 strongly agree — not applicable 0

Comments:

17. Instructional resources and materials are available to implement an IEP.

strongly agree 1 2 3 4 strongly disagree — not applicable 0

Comments:

18. The written IEP plan is a guideline for planning systematic daily instruction.

strongly agree 1 2 3 4 strongly disagree — not applicable 0

Comments:

19. The written IEP plan enables parents to follow their child's progress.

strongly disagree 4 3 2 1 strongly agree — not applicable 0

Comments:

20. The written IEP plan enables parents to assist in the implementation of their child's program.

strongly agree				strongly disagree	not applicable
1	2	3	4		0

Comments:

Open Ended Questions

A. How would you improve the Assurance (DEBE) forms of the CONNECT IEP?

B. How would you improve the CONNECT program (curricular) format?

C. Please specify any difficulties you had in following the directions for completing an Individualized Education Program, provided by CONNECT.

D. How could CONNECT staff improve their inservice training sessions to provide you with more individualized training?

E. In what areas (e.g., assessment, curriculum, parenting, etc.) do you perceive a need for further training?

F. Additional comments concerning the total IEP process:

APPENDIX B

PRESCHOOL PILOT IEP

I hereby affirm that I have been actively involved in the development of the following aspects* of the Individualized Educational Program (IEP) for

_____. DOB: ___/___/___
(Child's Name) Mo. Day Yr.

PARENT/ GUARDIAN	TEACHER/ PROGRAM IMPLEMENTOR	CASE MANAGER/ SUPERVISOR	
			A. Determining present levels of educational performance
			B. Determining annual goals and short term instructional objectives
			C. Recommending educational services and extent of regular educational class programming
			D. Determining initiation and duration of program services
			E. Determining evaluation procedures and review schedule

_____ DATE: _____
PARENT/GUARDIAN:

_____ DATE: _____
TEACHER:

_____ DATE: _____
CASE MANAGER:

_____ DATE: _____
OTHER:

_____ DATE: _____
OTHER:

* Items A through E reflect definitions of the term, individualized education program, as presented in "The Education for All Handicapped Children Act of 1975" P.L. 94-142.

DEBE-2235-OT (8/76)

Current IEP Date: _____ IEP Review Date: _____

CHILD'S NAME: _____ BIRTHDATE: ___/___/___ AGE: ___Yrs.___ Mos.
Mo. Day Yr.

PARENT/GUARDIAN: _____ SCHOOL DISTRICT: _____

ADDRESS: _____ CURRENT ASSIGNMENT: _____

_____

IEP PLANNERS:

Name	Relationship To Child	PLANNING HOURS Data Collection	IEP Development

TYPE AND EXTENT OF RECOMMENDED* EDUCATIONAL SERVICES:

Program/Service	PROJECTED DATES Initiation	Termination	Contact Hours	Environment/ Extent Regular	Personnel	Instructional Objective Revision Schedule

*Components of the plan are subject to revision as they are outdated by the child's development.

PRESCHOOL PILOT IEP

IU # _____

IEP # _____

Parents/Guardians: _____ Child: _____

Address: _____ Date of Birth: ____/____/____
Mo. Day Yr

_____ Age: _____ Years _____ Months

Phone: ( ) _____ School District: _____

This Individualized Educational Program (IEP) was planned during meeting(s) with the child's parents/guardians, teachers, Intermediate Unit (IU) representatives, and others invited by the parents or the IU representatives.

My initials in the boxes show the planning activities in which I took part during the development of this IEP:

Parent	Teacher	IU Rep.

(A) Finding the skills this child has now.

(B) Setting the goals for teaching and the steps needed to reach those goals.

(C) Deciding the programs and services needed by this child in order to learn new skills.

(D) Planning when each program and service will begin and end for this child.

(E) Deciding how this child's progress will be checked, how often the parents will receive progress reports (Updates), and when the next IEP meeting (Review) will be held.

My signature below shows my approval of this IEP plan:

_____ _____
Parent/Guardian/Surrogate Current IEP Date Other: Date

_____ _____
Parent/Guardian/Surrogate Date Other: Date

_____ _____
Teacher/Program Implementor Date Other: Date

_____ _____
IU Representative Date Other: Date

DEBE-1810-A (8/77)

IEP PLANNERS

Name	Relationship to Child	Planning Hours: Data Collection	Planning Hours: IEP Development

Optional

PROGRAM SUMMARY

Program/Service	Planned and Actual Dates: Planned Beginning	Planned and Actual Dates: Actual Beginning	Planned and Actual Dates: Planned End	Contact Hrs./Wk.	Type of Setting*	Staff	Phone
	___/___/___	___/___/___	___/___/___				
	___/___/___	___/___/___	___/___/___				
	___/___/___	___/___/___	___/___/___				
	___/___/___	___/___/___	___/___/___				
	___/___/___	___/___/___	___/___/___				
	___/___/___	___/___/___	___/___/___				
	___/___/___	___/___/___	___/___/___				

*Setting Code: Individual - with no other children present. Normalized - class which includes children who do not have special needs, as well as some children with special needs. Segregated - with other children who have special needs. Other - Specify.

EVALUATION SCHEDULE

Updates

Progress reports will be given to the parents on the following dates:

___/___/___ ___/___/___

___/___/___ ___/___/___

___/___/___ ___/___/___

Reviews

IEP Review meetings are scheduled for the following dates:

___/___/___ ___/___/___

___/___/___ ___/___/___

This IEP must be reviewed at least once a year in a meeting by the parents/guardians, teachers, and IU representative.

Additional Updates and Reviews will be needed when the child's progress is faster or slower than expected when the IEP was written.

APPENDIX C

FORMAT FOR PROGRAM PLAN

Summary of Child's Status:

Annual Goals and Instructional Objectives:

COMMUNICATION
Present level:

ACTUAL COMPLETION DATES

Receptive Goal:

Objectives:

Expressive/Gestural Goal:

Objectives:

MOTOR
Present level:

Gross Motor Goal:

Objectives:

Fine Motor Goal:

Objectives

SELF-HELP: Dependent on the curricular focus, various goals might be included (e.g., eating, drinking, toileting, personal hygiene).
Present level:

ACTUAL COMPLETION DATES

_____ Goal:

Objectives:

_____ Goal:

Objectives:

_____ Goal:

Objectives:

SOCIALIZATION
Present level:

Interpersonal Goal:

Objectives:

Behavior Goal:

Objectives:

COGNITION: Dependent on the curricular focus various goals might be included (e.g., preacademic skills).
Present level:

ACTUAL COMPLETION DATES

Reasoning Goal:

Objectives:

Perceptual Goal:

Objectives:

COMMENTS:

PROGRAM PLAN

Summary Statements:

MOTOR

Motor skills the child has now:

Gross Motor Goals: *How the child uses his/her large muscles to walk, run, jump, throw, etc.*

Objectives:

DATE COMPLETED

Fine Motor Goals: *How the child uses his/her small muscles to pick up objects, draw, color, stack blocks, etc.*

Objectives:

DATE COMPLETED

SELF-HELP

How the child takes care of himself/herself in the areas of eating, dressing, toileting, safety, etc.

Self-help skills the child has now:

_____ **Goals:**

DATE COMPLETED

Objectives:

_____ **Goals:**

Objectives:

_____ Goals:

Objectives:

DATE COMPLETED

_____ Goals:

Objectives:

_____ Goals:

Objectives:

SOCIALIZATION

Socialization skills the child has now:

Interpersonal Goals: *How the child gets along with other children and adults.*

Objectives:

DATE COMPLETED

Behavior Goals: *How the child minds and obeys rules in different settings such as at home and school.*

DATE COMPLETED

Objectives:

COGNITION
(Thinking)

Cognitive skills the child has now:

Reasoning Goals: ***How the child solves problems.***

Objectives:

DATE COMPLETED

Perceptual Goals: *How the child uses his/her senses to see the order in the world in terms of size, shape, color, direction, etc.*

Objectives:

DATE COMPLETED

Comments: